# Austin Health
# Your brilliant career starts here!

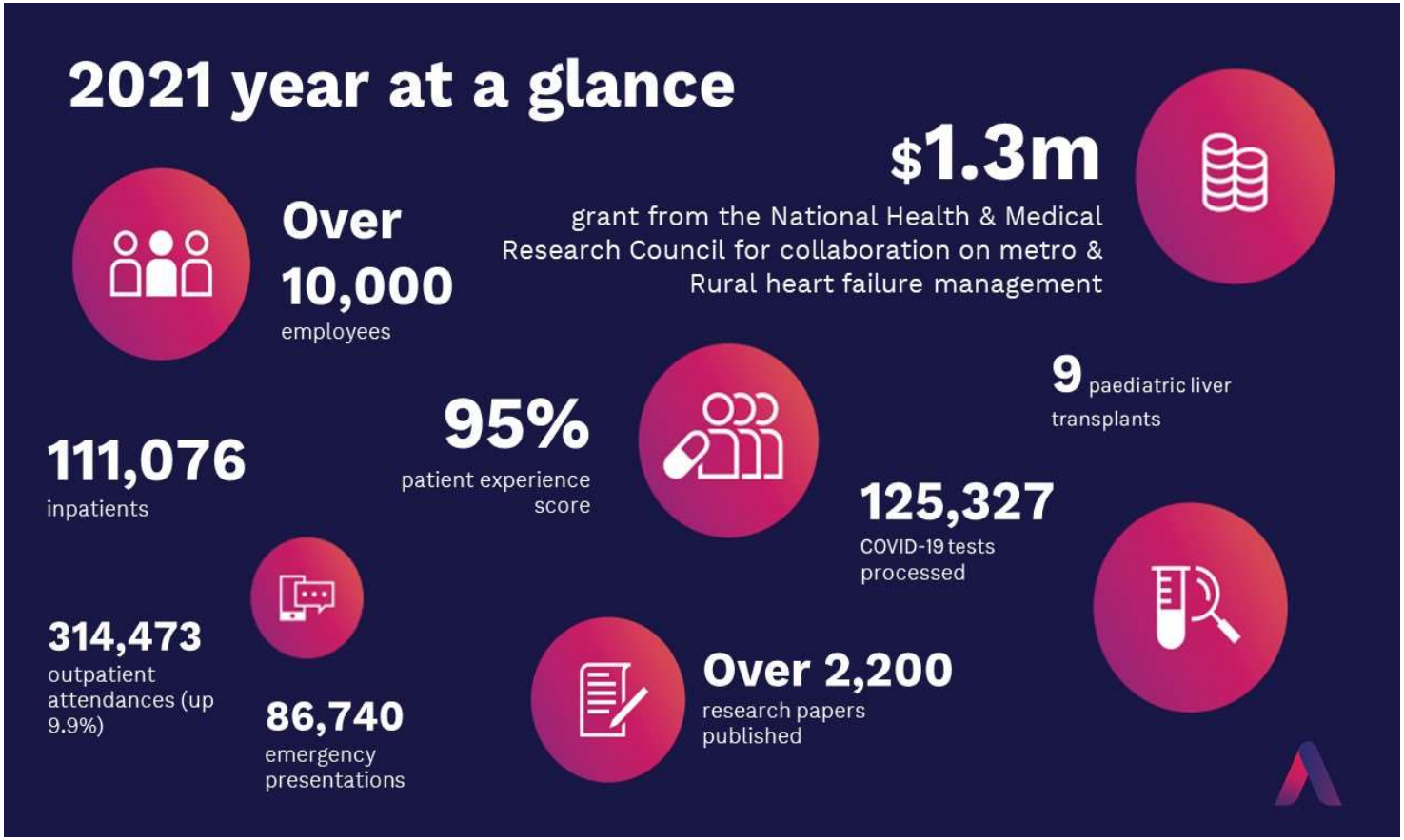
We would like to begin by acknowledging the Traditional Owners of the land on which we meet today and pay our respects to Elders past and present and extend that respect to other Aboriginal and Torres Strait Islander People who are here today.

# Acknowledgment of Country

Austin HEALTH

# Welcome

## Chief Medical Officer (Acting) – Prof Mary O'Reilly



# Our Vision and Values

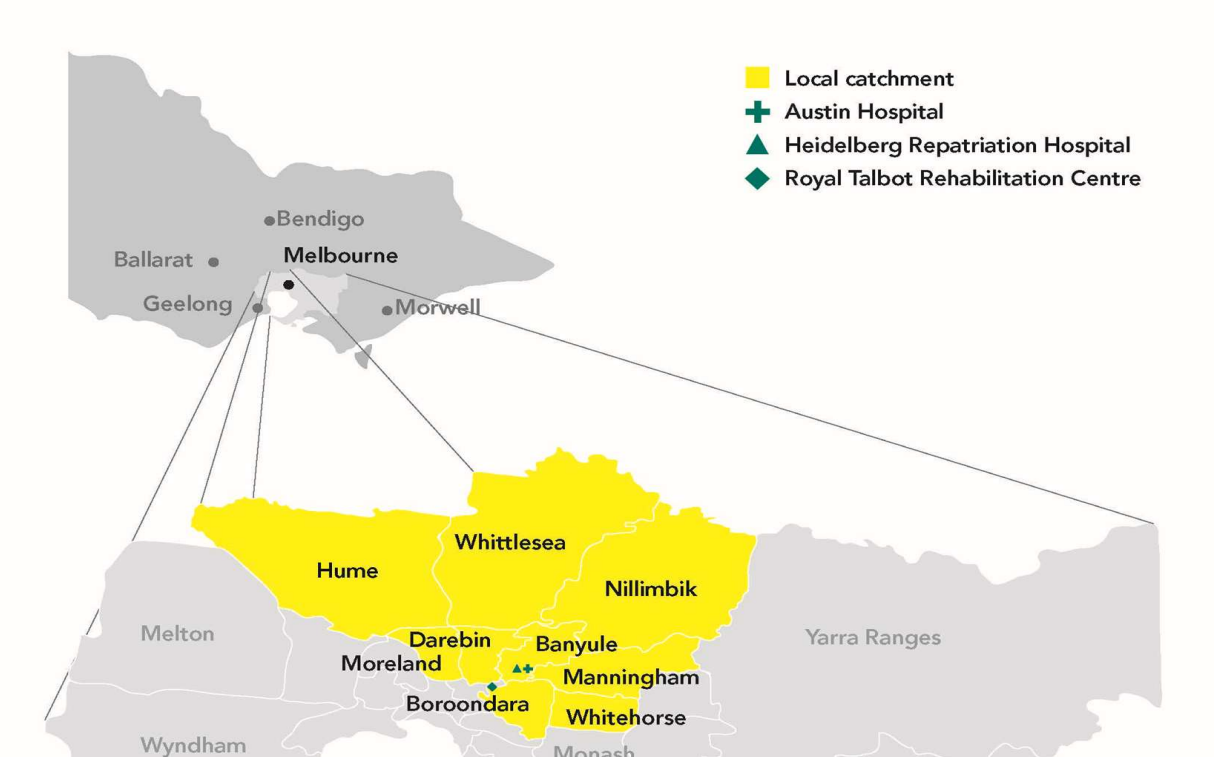
## Our Vision

Shaping the future through exceptional care, discovery and learning.

## Our Values

# Our Strategy and Direction

# Our Catchment and Campuses




# Austin Health 2022 – Your brilliant career starts here!

Chris Leung. Medical Lead (Clinical Education Unit), Clinical Lead (National Prescribing Service Choosing Wisely), Academic Lead and Final Year Clinical Supervisor (MD Research Program, Austin Clinical School), Gastroenterologist, General Physician

CLINICAL EDUCATION UNIT

THE UNIVERSITY OF MELBOURNE

pmcv

Choosing Wisely Australia
An initiative of NPS MedicineWise

Austin HEALTH

# Clinical Education Unit

Medicine

Nursing

Allied Health

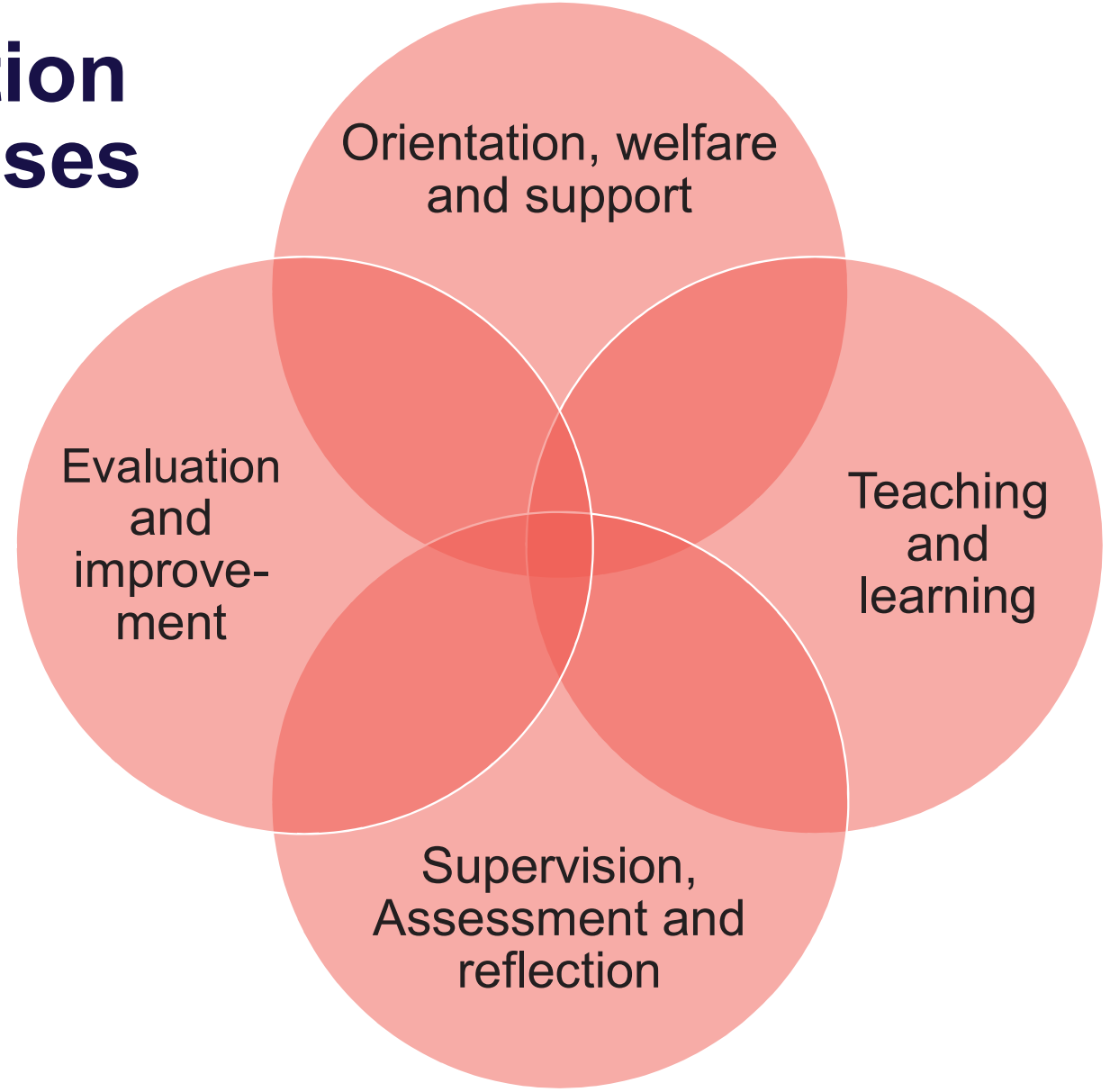
Deteriorating patients

Clinical Library

Simulation

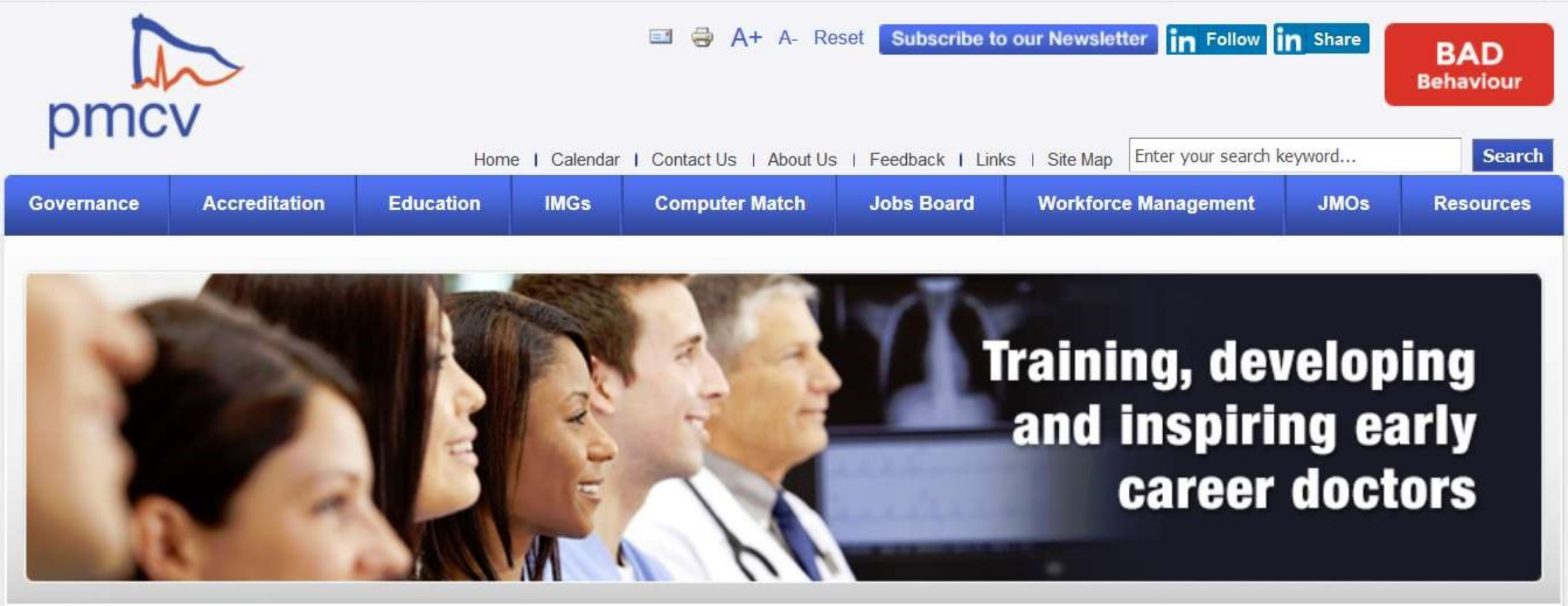
Choosing Wisely Australia
An initiative of NPS MedicineWise

# Education Processes



# PMCV programs

https://www.pmcv.com.au/education/professional-development-program-for-registrars



# Teaching On The Run

## Why should you attend?

**To develop the ability to:**

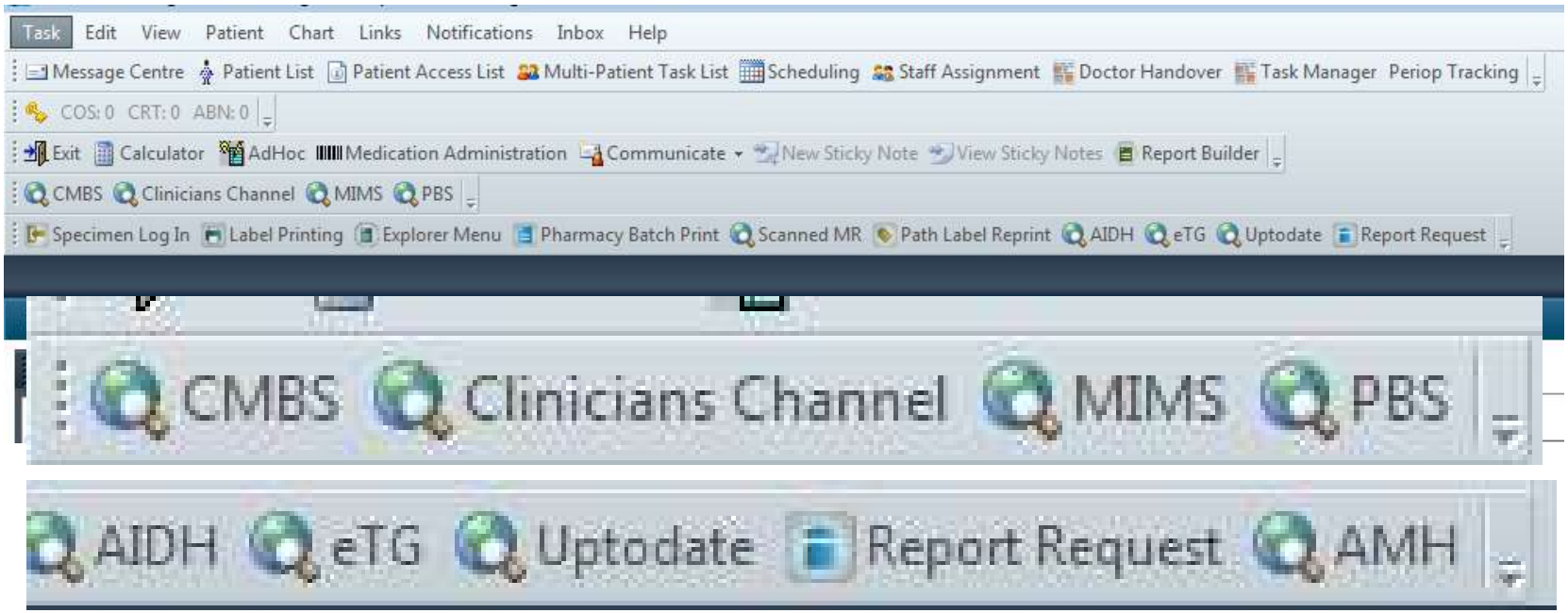
Plan and recognise opportunities for teaching

Provide effective feedback

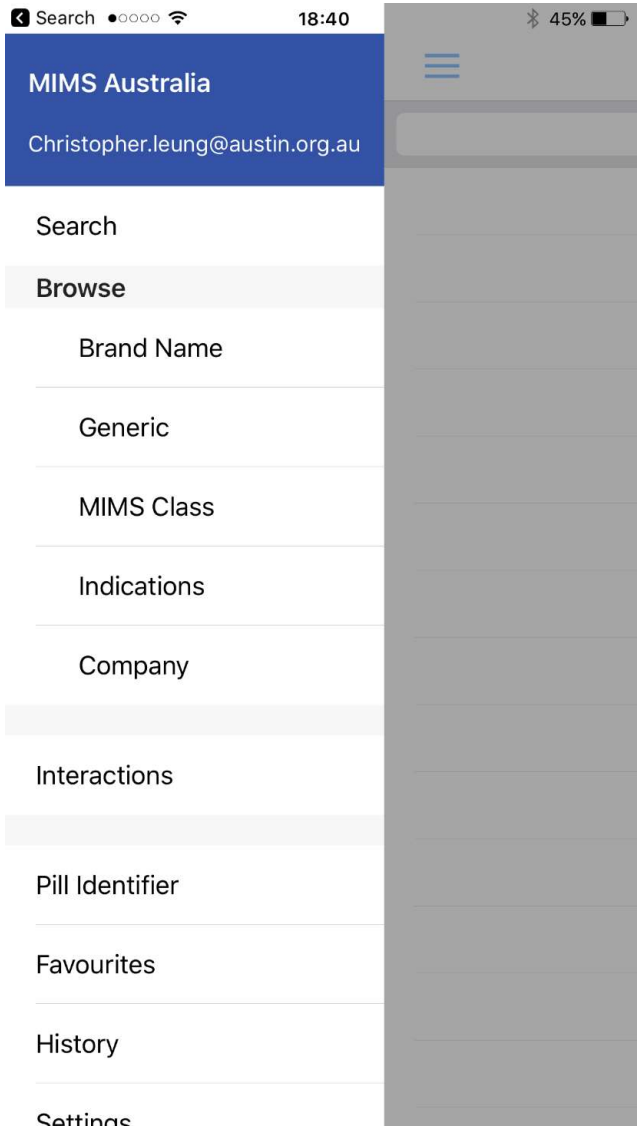
Provide strategies that support good supervision and learner support

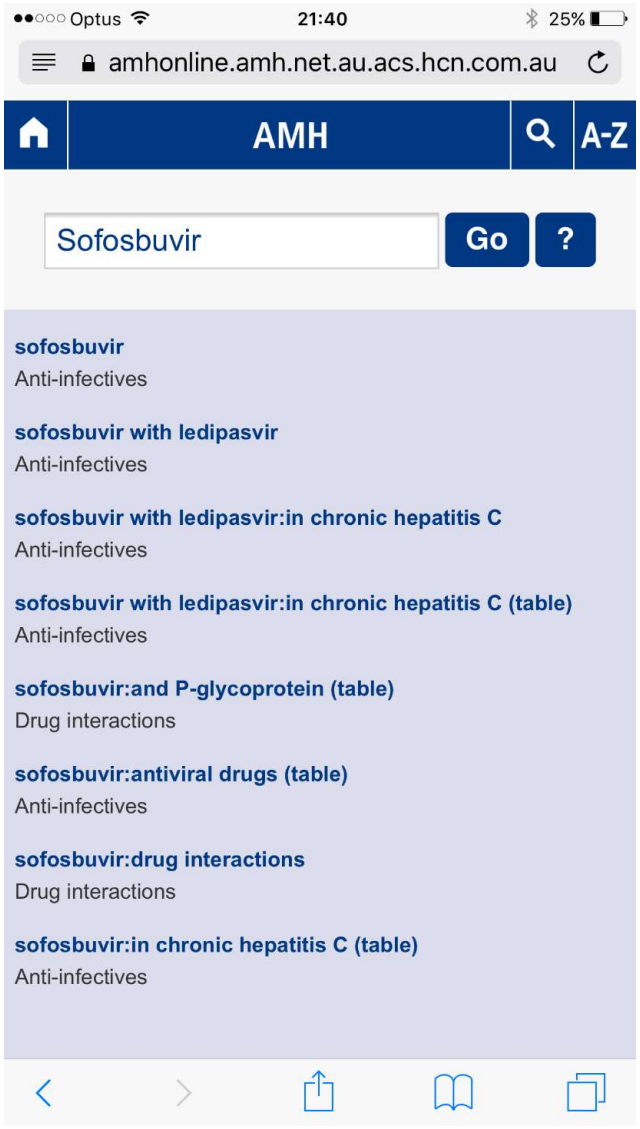
Build staff confidence in ability to teach

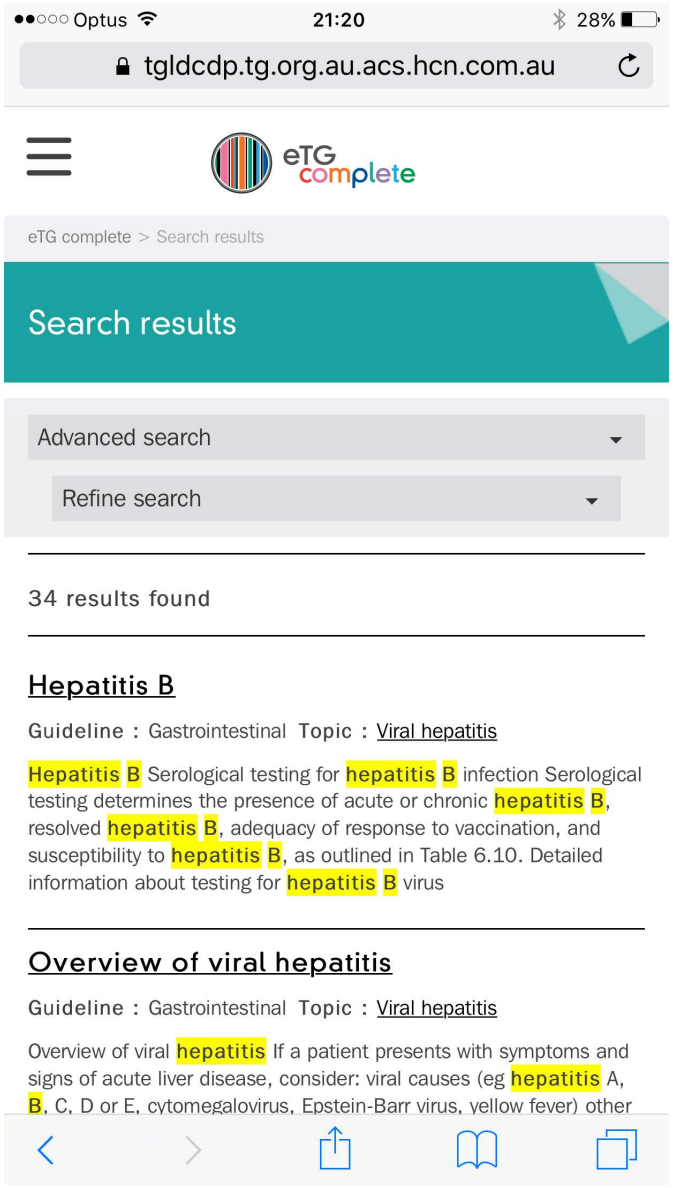
# It’s all about easy access…



# Easy access with mobile apps!

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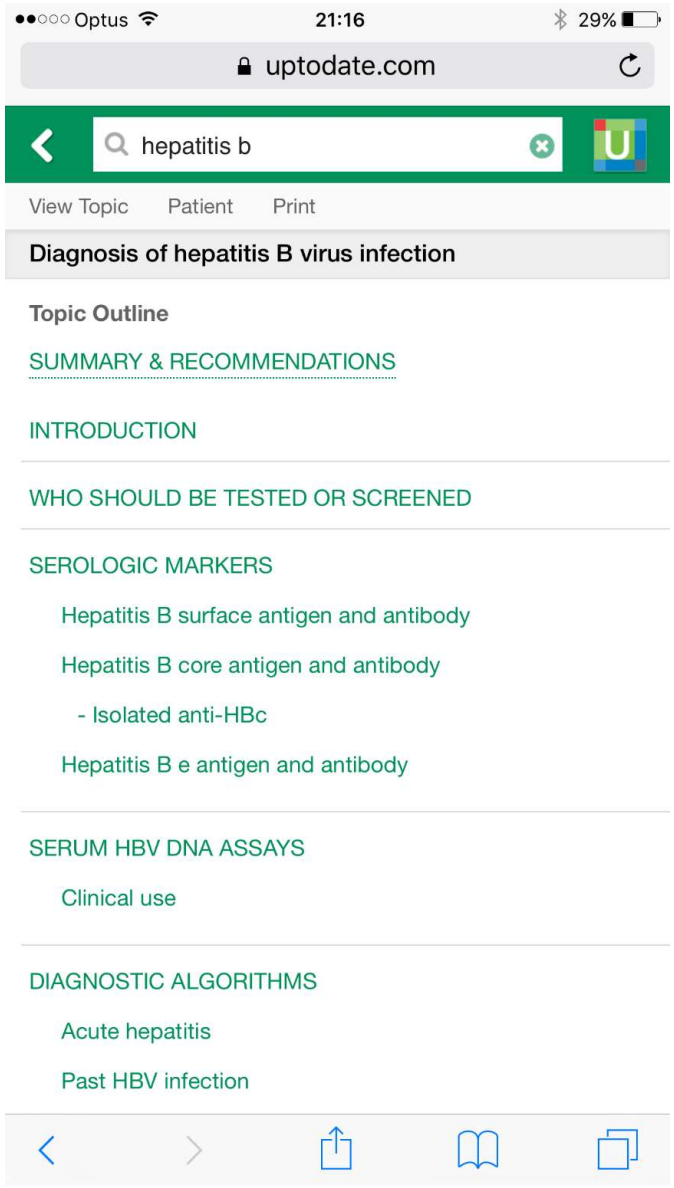
Hepatitis B
Guideline : Gastrointestinal Topic : Viral hepatitis
Hepatitis B Serological testing for hepatitis B infection Serological testing determines the presence of acute or chronic hepatitis B, resolved hepatitis B, adequacy of response to vaccination, and susceptibility to hepatitis B, as outlined in Table 6.10. Detailed information about testing for hepatitis B virus
Overview of viral hepatitis
Guideline : Gastrointestinal Topic : Viral hepatitis
Overview of viral hepatitis If a patient presents with symptoms and signs of acute liver disease, consider: viral causes (eg hepatitis A, B, C, D or E, cytomegalovirus, Epstein-Barr virus, yellow fever) other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hepatitis b
View Topic
Patient
Print
Diagnosis of hepatitis B virus infection
Topic Outline
SUMMARY & RECOMMENDATIONS
INTRODUCTION
WHO SHOULD BE TESTED OR SCREENED
SEROLOGIC MARKERS
Hepatitis B surface antigen and antibody
Hepatitis B core antigen and antibody
- Isolated anti-HBc
Hepatitis B e antigen and antibody
SERUM HBV DNA ASSAYS
Clinical use
DIAGNOSTIC ALGORITHMS
Acute hepatitis
Past HBV infection


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Nature Communications
Internal Medicine Journal
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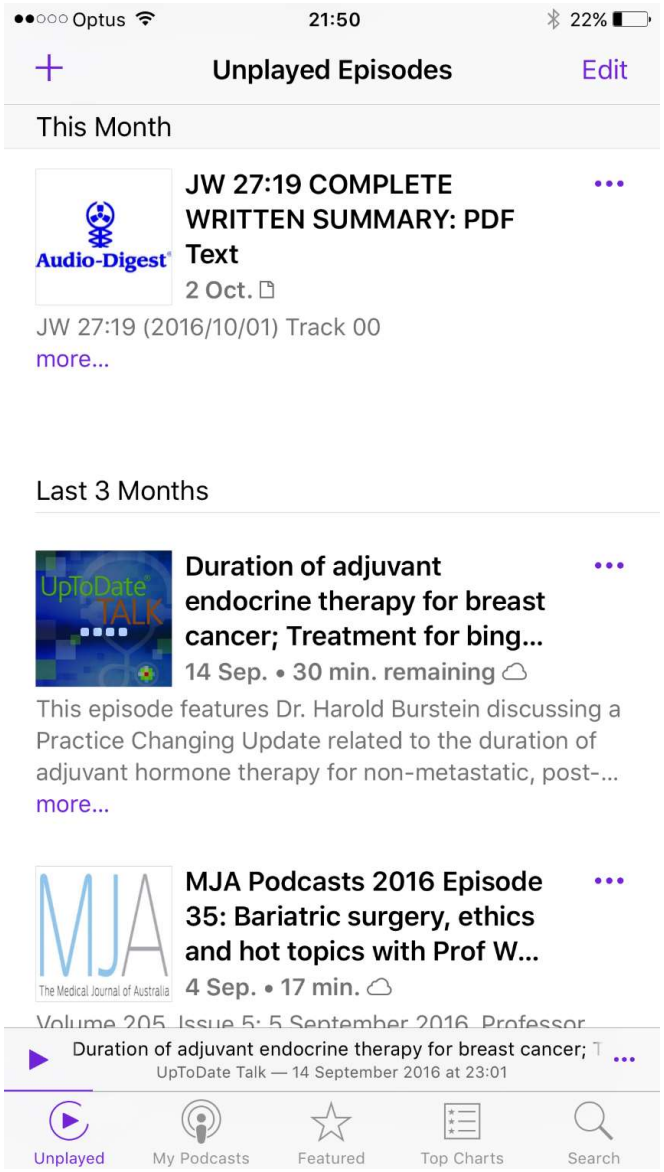
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Unplayed Episodes
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This Month
JW 27:19 COMPLETE WRITTEN SUMMARY: PDF Text
2 Oct.
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more...
Last 3 Months
Duration of adjuvant endocrine therapy for breast cancer; Treatment for bing...
14 Sep. • 30 min. remaining
This episode features Dr. Harold Burstein discussing a Practice Changing Update related to the duration of adjuvant hormone therapy for non-metastatic, post-...
more...
MJA Podcasts 2016 Episode 35: Bariatric surgery, ethics and hot topics with Prof W...
4 Sep. • 17 min.
Duration of adjuvant endocrine therapy for breast cancer;
UpToDate Talk — 14 September 2016 at 23:01
Unplayed
My Podcasts
Featured
Top Charts
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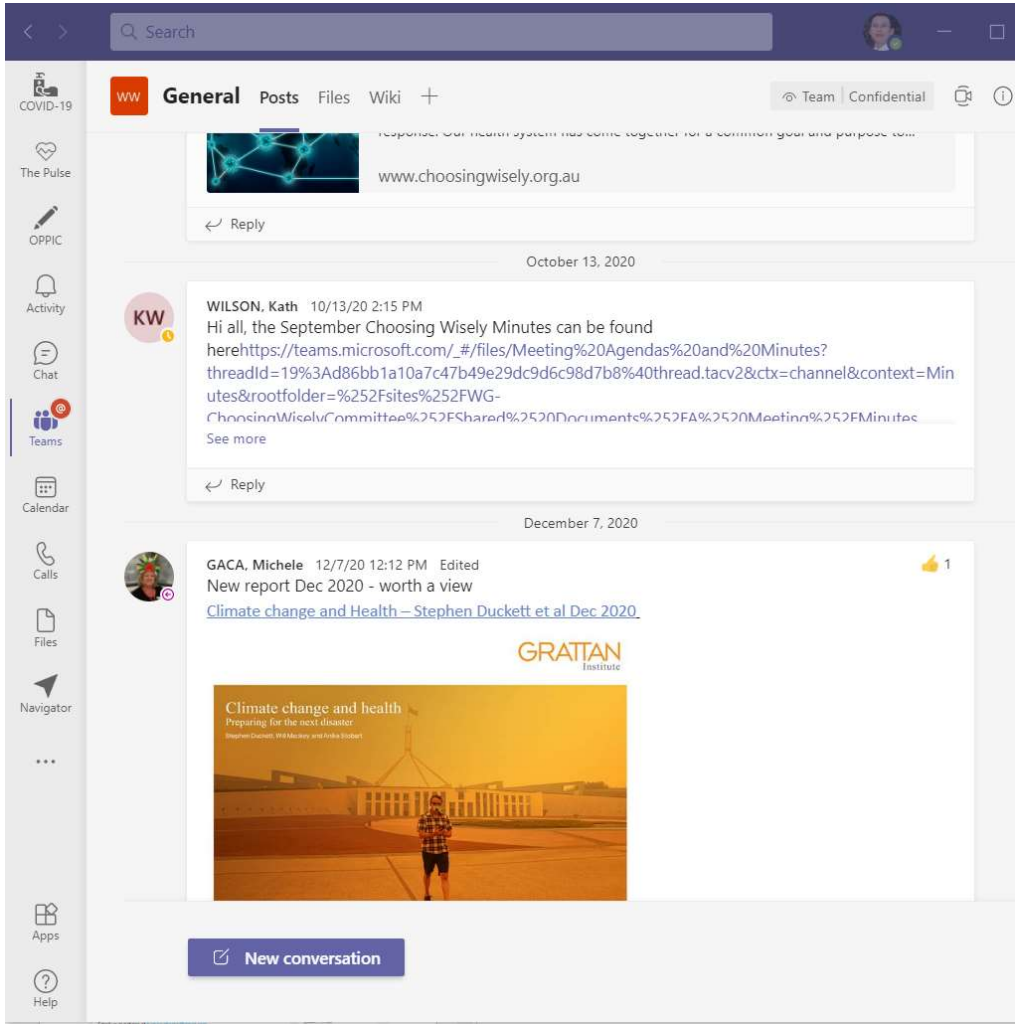
# Austin Healthcasts

**Intern and HMO** podcasts

**Purple Pens** pharmacy podcasts

Linking with **Corporate Communications**

# The Opportunity with Microsoft Teams





*2020 X International Conference on Virtual Campus. Dec 3 (pp. 1-4). IEEE.*

# Research at Austin

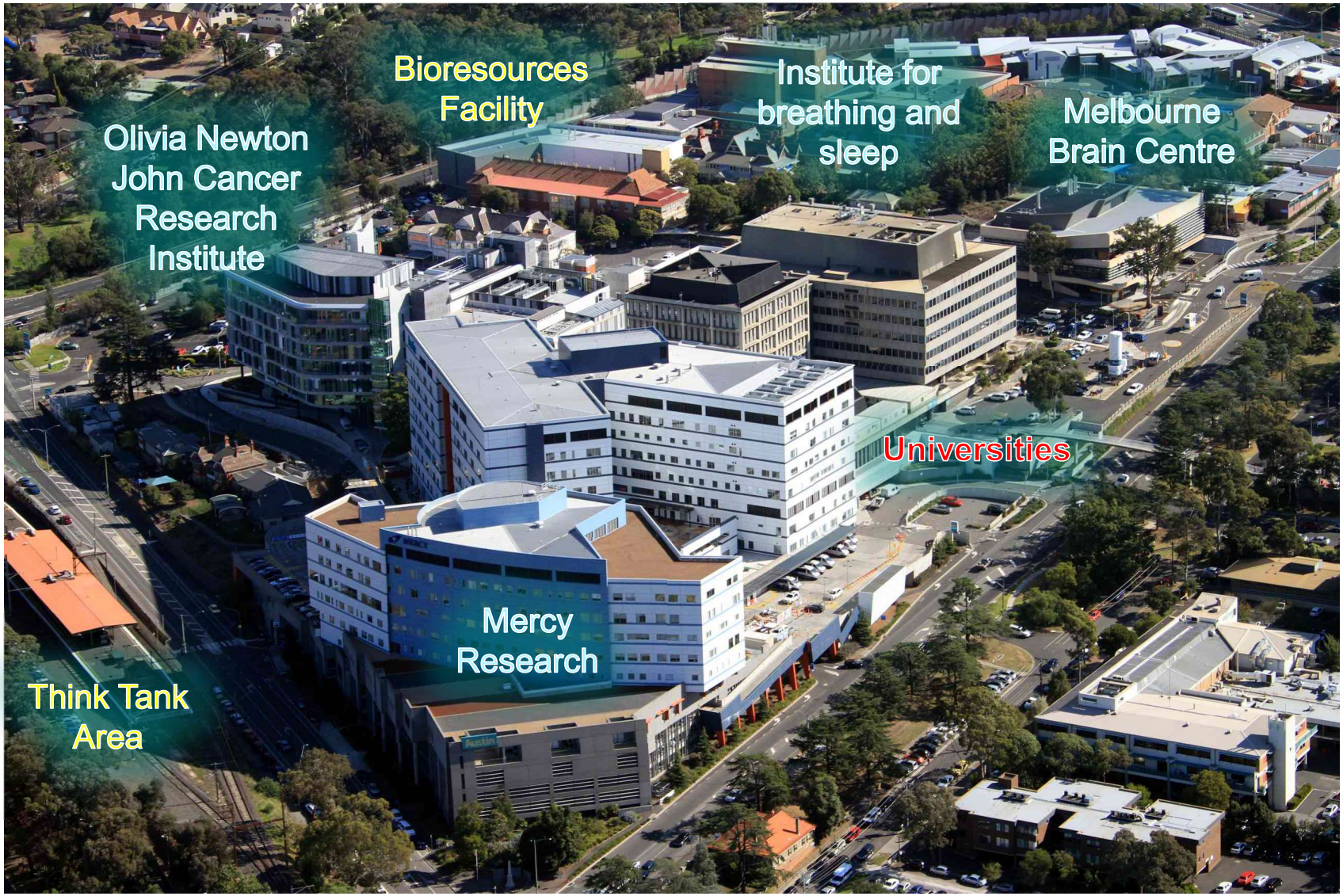
Over 800 researchers & post-grad students

Over $30M/year research funding

World class researchers

- Affiliated with eight universities
- UOM is ranked No.1 academic institution in Australia and 13th in the world for clinical, preclinical and health
- Multiple successes e.g. Prof Rinaldo Bellomo: Thomson Reuter's most published clinician


THE UNIVERSITY OF MELBOURNE


Olivia Newton John Cancer Research Institute
Bioresources Facility
Institute for breathing and sleep
Melbourne Brain Centre
Universities
Mercy Research
Think Tank Area

# FUNDAMENTALS OF RESEARCH

For everyday practice

John Lindell Lecture Theatre
Level 4, Lance Townsend Building
Austin Health

Register at www.austin.org.au/FOR

Austin HEALTH

Austin HEALTH

# ADVANCED RESEARCH METHODS

Poised to publish

Austin Doyle Lecture Theatre
Level 4, Austin Tower
Austin Health

Register at www.austin.org.au/ARM

# Innovative Education Programs

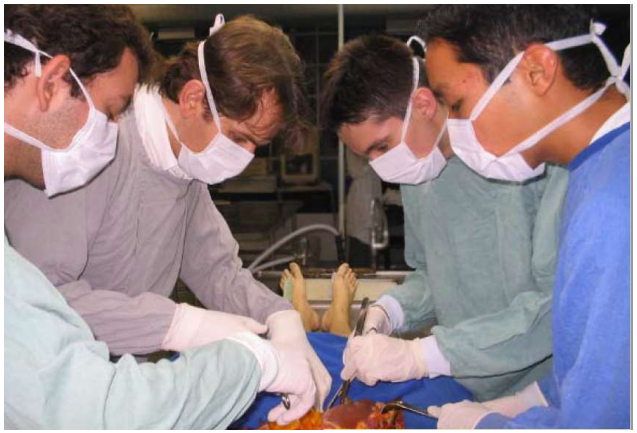
THE UNIVERSITY OF MELBOURNE

Simulation (video) (SW Version)

- **Psychological Safety Simulation** Program
- **Simulation Educators** Development Program
- **Trauma** / **Deterioration** simulation workshops
- Consumers / volunteers as **simulated patients**

| DAY | TIME | ACTIVITY | VENUE |
|---|---|---|---|
| TUESDAY | 0700 - 0800 | SURGERY TUTORIALS<br>(Weekly, April - November)<br>Official protected teaching time for SET Trainees based at Austin | Howard Eddey Library<br>Level 8 LTB |
| WEDNESDAY | 0700 - 0730<br><br>0730 - 0830 | Light Breakfast<br><br>SURGICAL FORUM<br>INVITED LECTURES<br>(Weekly, February - July)<br>ANNUAL AUDTS<br>(Weekly, July - November) | Lecture Theatre<br>Level 8 LTB |
| THURSDAY | 0700 - 0730<br><br>0730 - 0830 | Light Breakfast<br><br>SURGICAL UNIT WEEKLY AUDIT<br>(Weekly, February - December) | Lecture Theatre<br>Level 8 LTB |
| FRIDAY | 0700 - 0800 | Clinical Case Discussions<br>(Fortnightly, April - November)<br>Surgical Anatomy Tutorials<br>(Monthly, April - November) | Howard Eddey Library<br>Level 8 LTB |
| SATURDAY | 0930 - 1230 | SIMULATION WORKSHOPS<br>(Four sessions for 2016 preceding Saturday Seminars) | Endoscopy Suite<br>Level 2 |
| SATURDAY | 1300 - 1700 | SATURDAY SEMINARS<br>(Monthly, April - October) | Lecture Theatre<br>Level 8 LTB |
| SATURDAY | 0900 - 1500 | RACS / GSA Simulation Workshops<br>(Three sessions for 2016 open to all Victorian Gen Surg SETTrainees) | RACS Skills Centre |

| | | |
|---|---|---|
| FRIDAY | 16 OCT 2015 | Austin Surgery Research Prize (0800 - 11.00) |
| SATURDAY | 5 DEC 2015 | Austin Trainee Dinner |



# Choosing Wisely

Austin is the **champion site** for “Choosing Wisely” National Prescribing Service Initiative

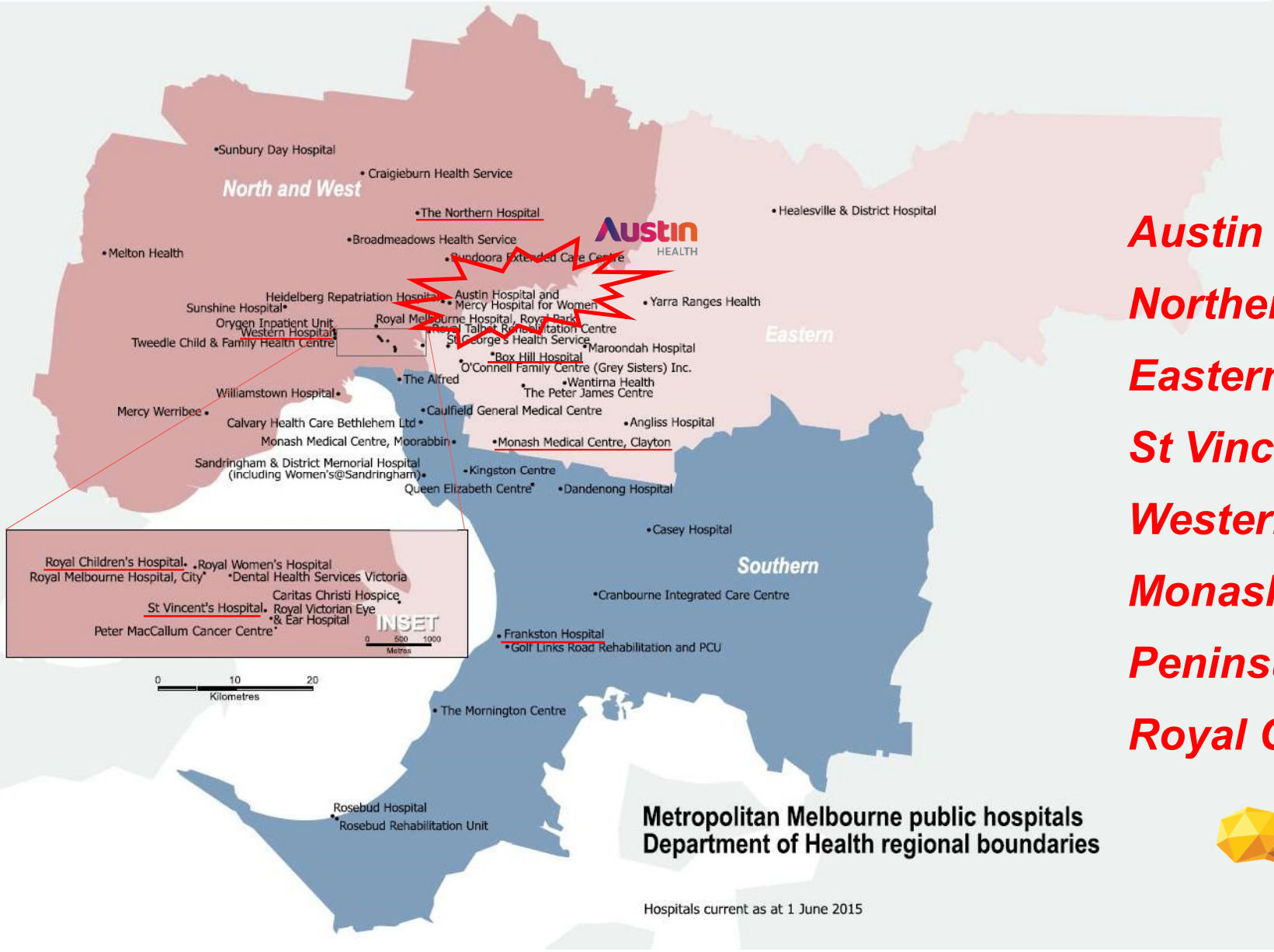
Supporting **evidence-based care, shared decision making** and **clinician and consumer education**

Funding from Better Care Victoria to support Project Officer and Clinical Leaders!

**Interdisciplinary Steering Committee** with support through to the board level

Choosing Wisely Australia
An initiative of NPS MedicineWise

BETTER CARE VICTORIA




**Metropolitan Melbourne public hospitals**
**Department of Health regional boundaries**

Hospitals current as at 1 June 2015

***Austin Health***

***Northern Health***

***Eastern Health***

***St Vincent's Hospital***

***Western Health***

***Monash Health***

***Peninsula Health***

***Royal Children Hospital***

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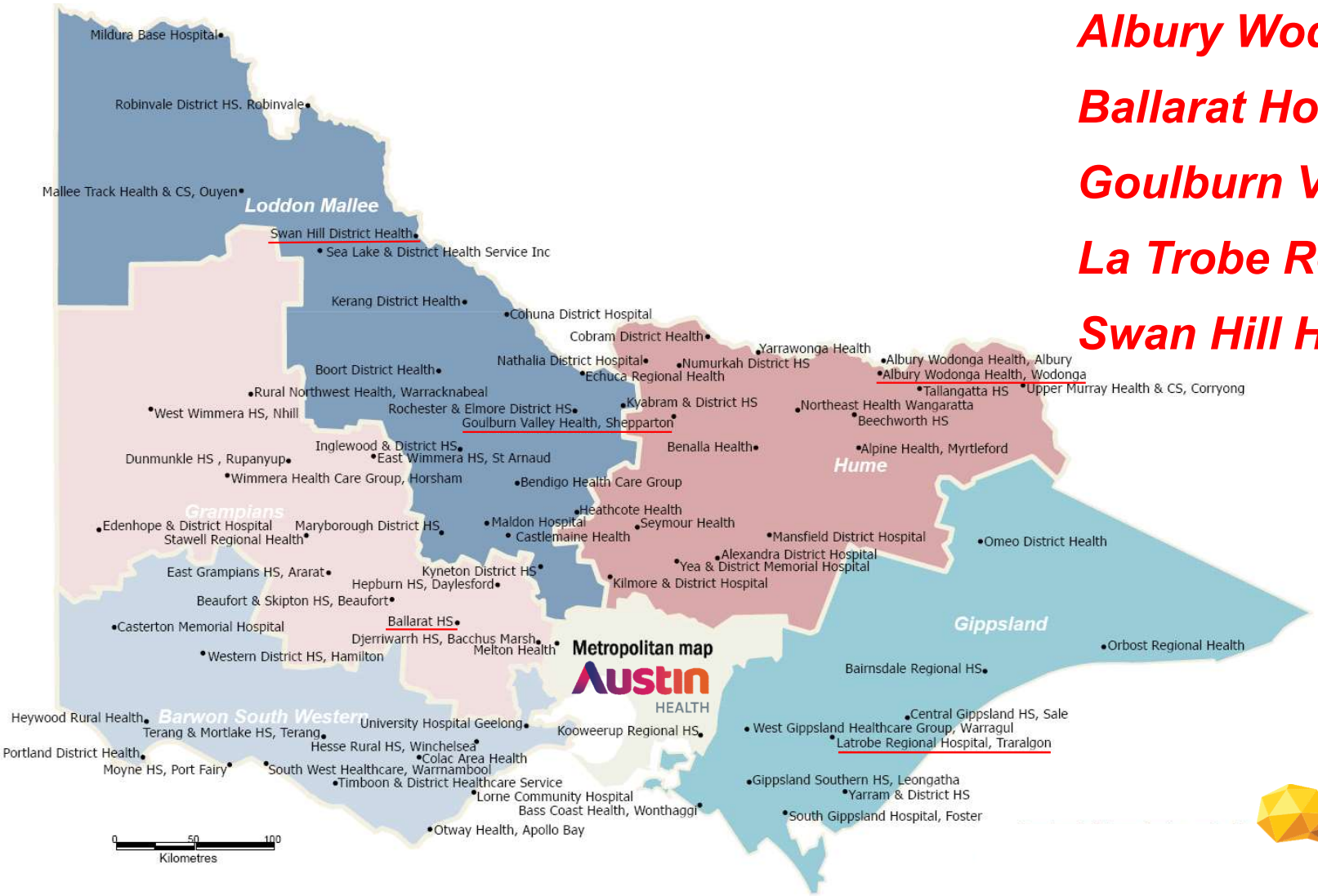


***Albury Wodonga Health***

***Ballarat Hospital***

***Goulburn Valley Health***

***La Trobe Regional Hospital***

***Swan Hill Hospital***

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# 5 Questions for interns to use!

## And so, questions for the ward round:

1. How will this test change management?
2. Are there any tests you considered, but decided against?
3. Are there any test or treatments you feel are particularly over-ordered?
4. What are the goals of this treatment?
5. Why did you decide on this treatment compared to other options?

Choosing Wisely Australia
An initiative of NPS MedicineWise

BETTER CARE VICTORIA

Austin Health

# Ask an Informationist

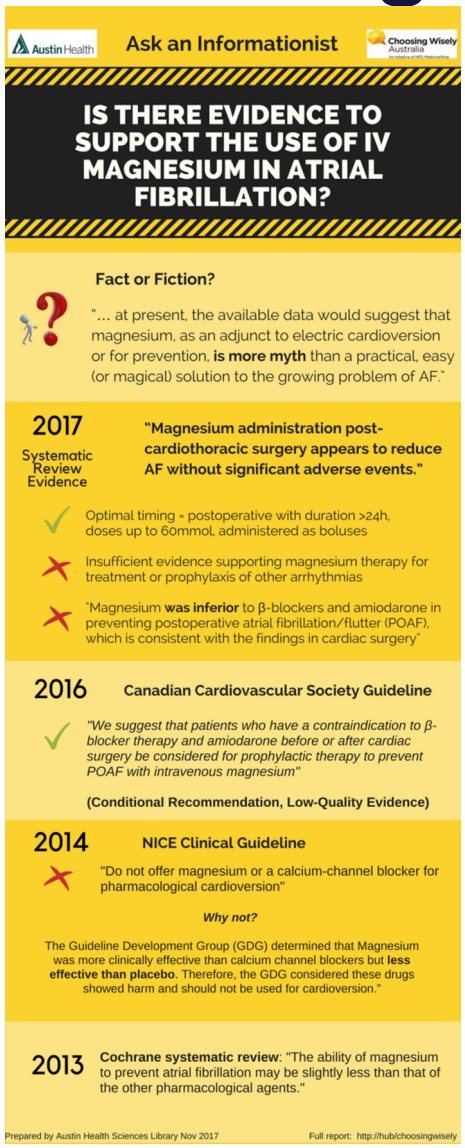
Choosing Wisely Australia
An initiative of NPS MedicineWise

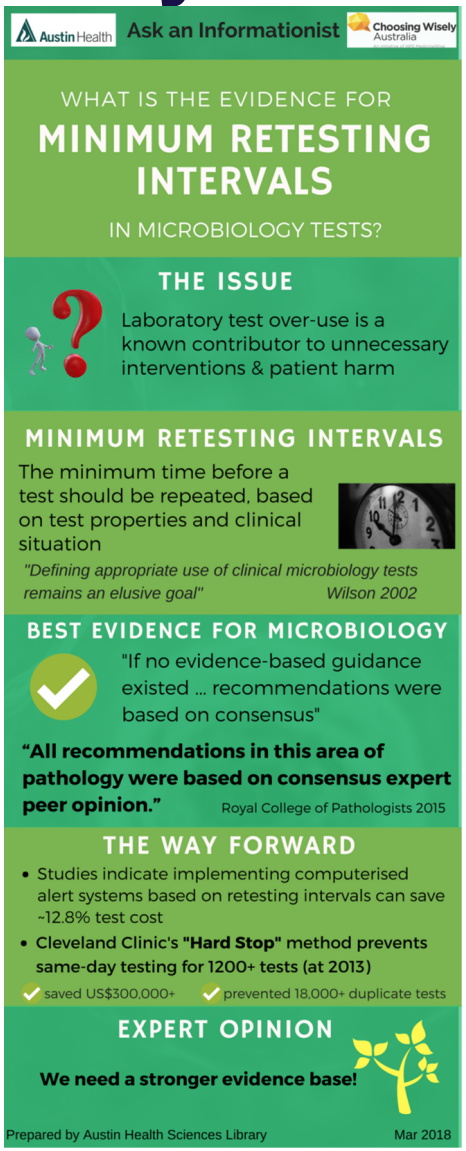
# IS THERE EVIDENCE TO SUPPORT THE USE OF IV MAGNESIUM IN ATRIAL FIBRILLATION?

## Fact or Fiction?

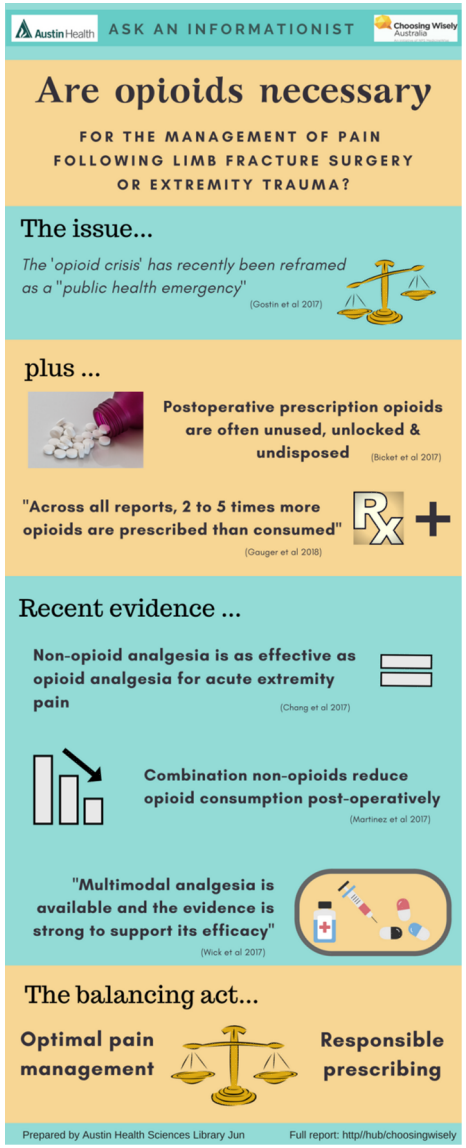
"... at present, the available data would suggest that magnesium, as an adjunct to electric cardioversion

# Choosing Wisely – Ask an Informationist

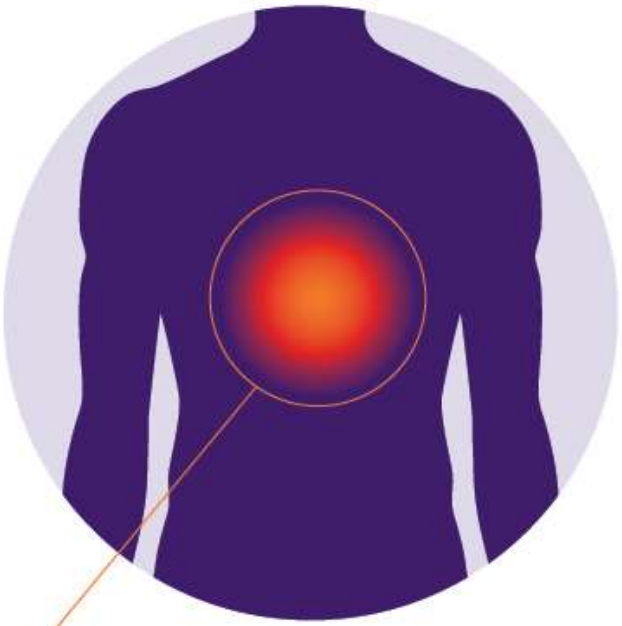






# HEARTBURN AND REFLUX MEDICINE USE IN AUSTRALIA



**NOT EVERYONE WITH HEARTBURN AND REFLUX NEEDS DAILY MEDICINE FOR THEIR SYMPTOMS**


About 1.6 million Australians take prescription heartburn and reflux medicine* daily

Over 19 million prescriptions issued for heartburn and reflux medicine* in 2013-14†

The most common heartburn and reflux medicine* cost the taxpayer over $200 million‡ in 2013-14†


A person taking daily prescription heartburn and reflux medicine pays about $450# per year

Up to 30% of people taking heartburn and reflux medicine* may be able to stop after their initial course (typically 4-8 weeks)

Choosing Wisely Australia
An initiative of NPS MedicineWise

Choosing Wisely Australia
An initiative of NPS MedicineWise

# Should your patient be on a PPI?

**Yes – for the following indications:**

- Barretts Oesophagus
- NSAIDs / chronic antiplatelet anticoagulation prescribed for more than 1 week with bleeding risk (as determined by appropriate unit eg. Gastro / Haem)
- GI ulceration (acute / chronic bleeding)
- Partial gastrectomy with intact antrum / oesophagectomy
- Other (low levels of supporting evidence):
  - Severe oesophagitis including chemotherapy induced mucositis
  - Solid organ transplant for stress ulcer prophylaxis
  - ICU stress ulcer prophylaxis
  - Coagulopathy and platelets < 50
  - High dose steroids

→ **Continue PPI** →

**On Discharge:**

- Document a clear prescribing plan in discharge summary:
  - Indication
  - Dose / Frequency
  - Duration of PPI therapy (please specify a STOP date if applicable)
- Educate patient of change

**Maybe – for the following indications:**

- Mild – moderate oesophagitis
- Bariatric surgery

Consider →

**No – for the following indications:**

- Peptic ulcer disease treated for 6-12 weeks (NSAIDs stopped, *H.pylori* eradicated)
- Upper GI symptoms without endoscopy (asymptomatic for 3 consecutive days)
- Uncomplicated *H.pylori* treated for 2 weeks and symptomatic (aim to stop once eradicated)
- GORD treated 4-8 weeks (oesophagitis healed, symptoms controlled for 3 months)

→ **Desprescribe or stop PPI** →

**Options to De-Prescribe or Stop PPI**

REDUCE DOSE – If on PPI for > 6 months, half the dose weekly until on lowest possible dose then stop. Tapering will reduce the risk of rebound symptoms

OR

USE ON DEMAND – daily until symptoms stop or H2 antagonist

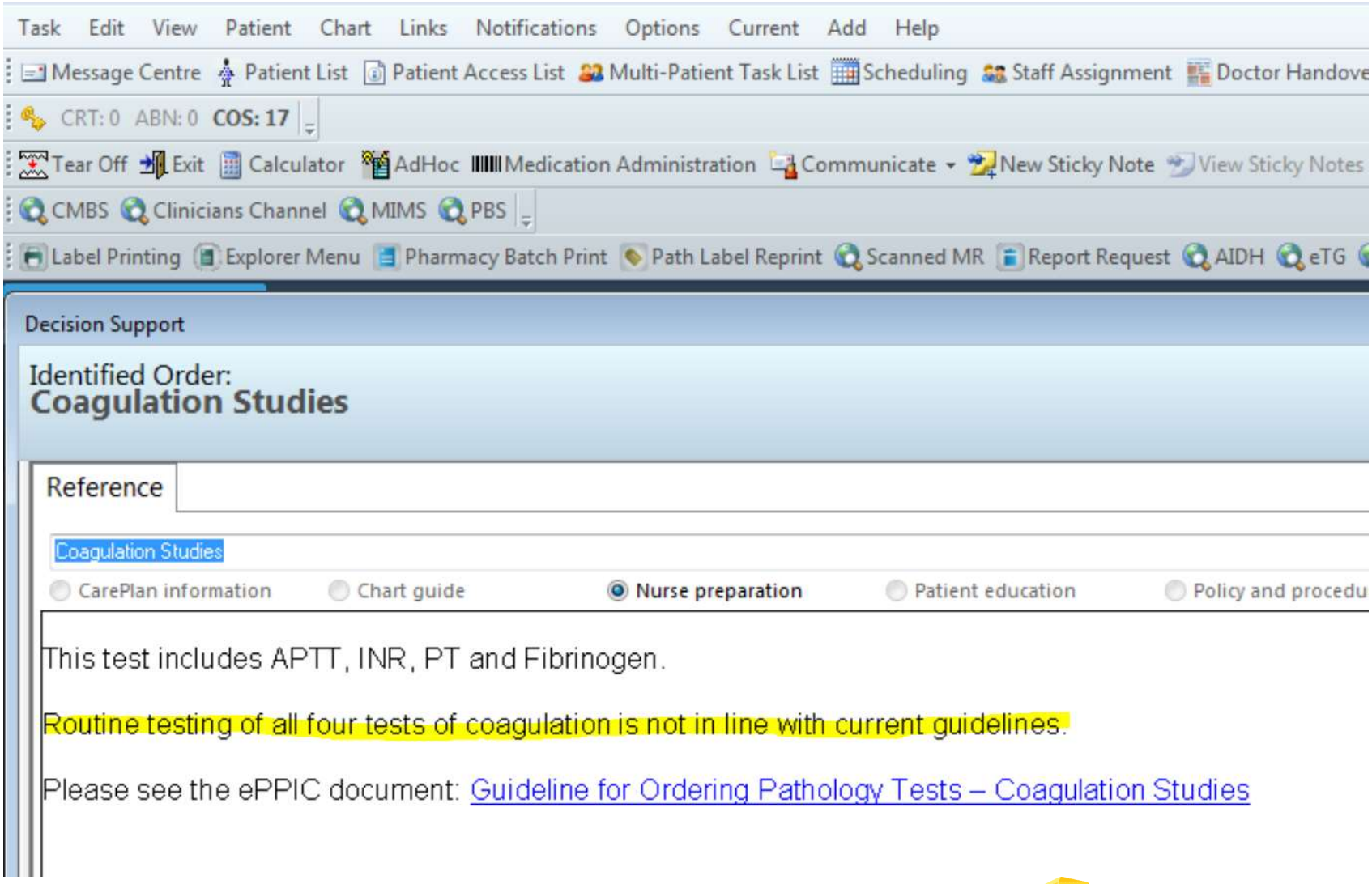
OR

STOP – If on PPI < 6 months or in hospital indication resolved.

→

**On Discharge:**

- Document a clear de-prescribing plan in discharge summary:
  - Duration of PPI therapy (please specify a STOP date)
- Educate patient of change

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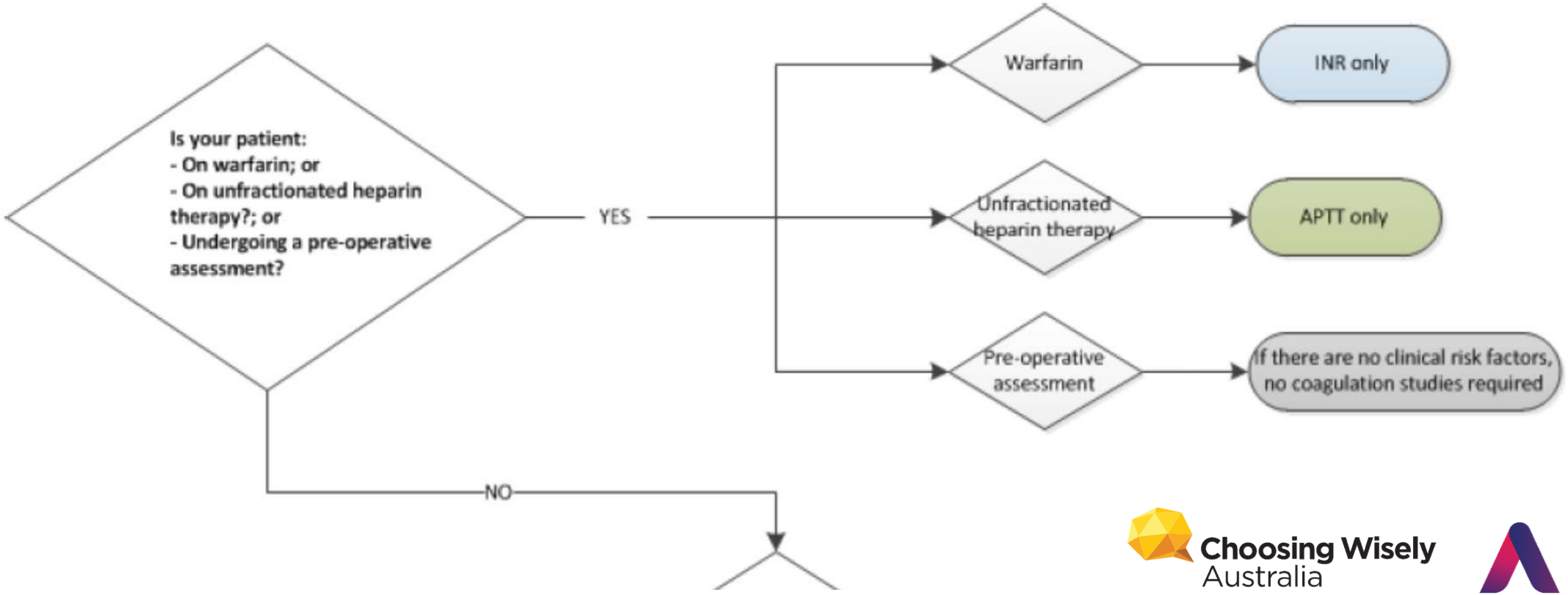
An initiative of NPS MedicineWise

# Education with decision support…

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An initiative of NPS MedicineWise

INTERNAL MEDICINE JOURNAL

RACP Specialists. Together

doi:10.1111/imj.13712

# Limited utility of routine chest X-ray in initial evaluation of neutropenic fever in patients with haematological diseases undergoing chemotherapy

Ortis Estacio,[1] Zoe Loh,[1] Amy Baker,[2] Geoff Chong,[2] Andrew Grigg,[1,2] Leonid Churilov[3] and Eliza A. Hawkes [2,4]

[1]Department of Medicine, and [2]Department of Clinical Haematology and Medical Oncology, Olivia Newton John Cancer Research and Wellness Centre, Austin Health, [3]Statistics and Decision Analysis Academic Platform, Florey Institute of Neuroscience and Mental Health, and [4]Eastern Clinical Research Unit, Eastern Health Monash University Clinical School, Melbourne, Victoria, Australia

**Key words**

chest X-ray, neutropenic fever, haematological malignancy, choosing wisely.

**Correspondence**

Eliza A. Hawkes, Department of Clinical Haematology and Medical Oncology, Olivia Newton John Cancer Research and Wellness Centre, Level 4, Austin Health, 145 Studley

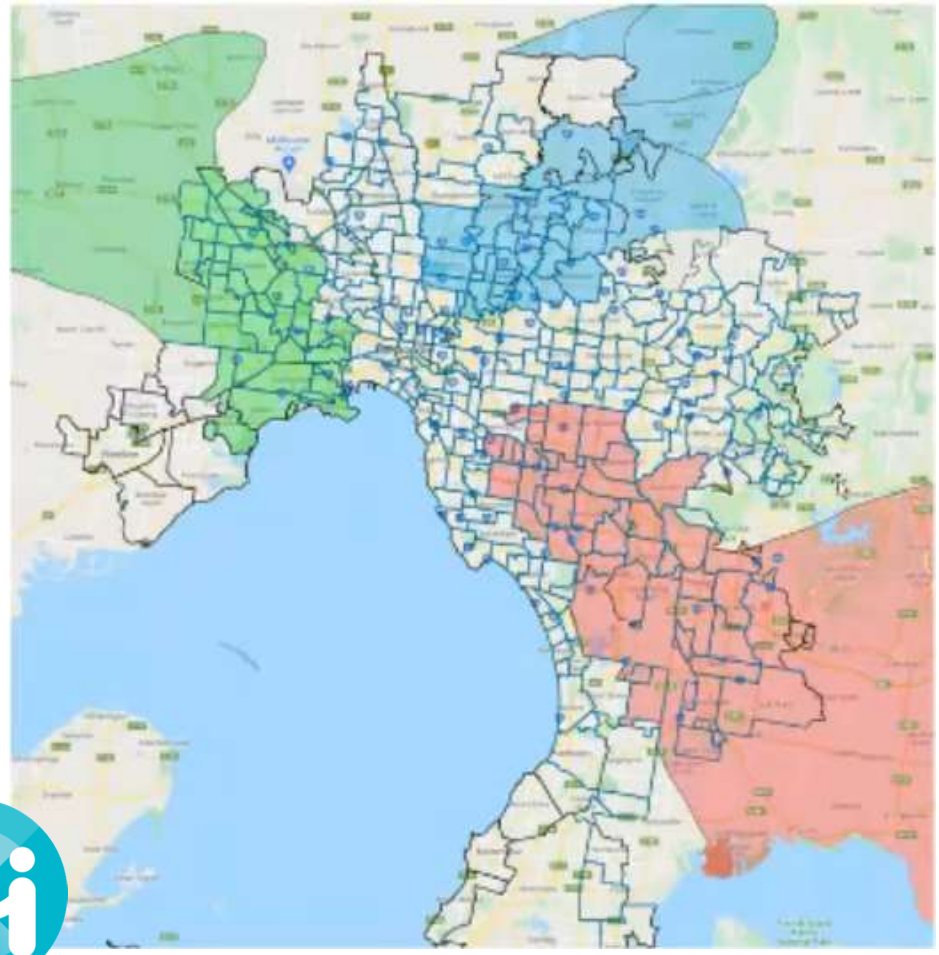
## Abstract

Background: Routine chest X-ray (CXR) is recommended for neutropenic fever (NF) management however its role is relatively understudied in haematology patients.

Aim: To investigate the utility of CXR in the diagnosis and management of patients with haematological conditions complicated by NF.

Methods: Retrospective, single-centre analysis of haematology patients admitted with NF between January 2011 and December 2015. Baseline demographics, treatment details and outcomes were collected from electronic patient records. CXR underwent

# Clinical Education opportunities with the new Public Health Units



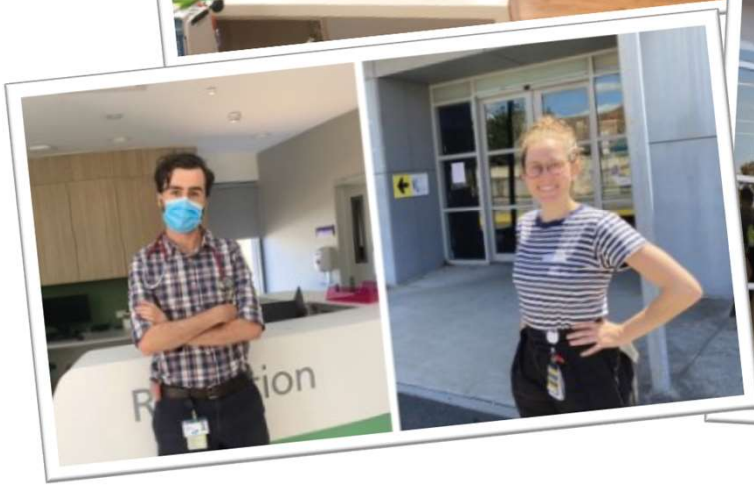
North-East PHU

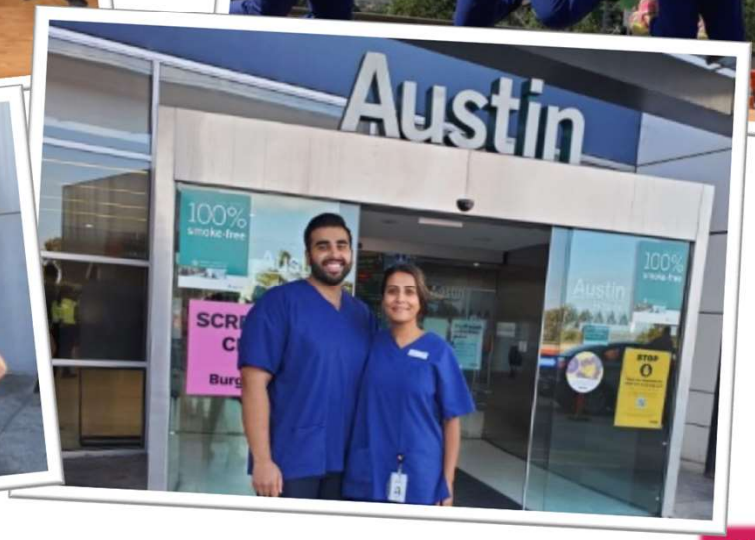
Southern PHU

Western PHU

VICTORIA State Government | Health and Human Services

# Why Austin? Talk to our clinicians!







Summary Video (SW)


# JMO Medical Education at Austin Health

**Dr Sarah Rickman**
**Supervisor of Intern Training (SIT)**
**Austin Health**

Austin HEALTH

# Why apply at the Austin

- **Friendly and supportive work environment**
- **Fantastic career opportunities**
- **Great rotations**
  - Core requirements (Emergency Medicine, General Medicine and General Surgery)
  - Cardiac Surgery
  - Endocrinology/Rheumatology
  - ENT/Head and Neck Surgery
  - Gastroenterology
  - Liver Transplant Unit
  - Orthopaedics
  - Psychiatry
  - Radiology (Hybrid – Radiology/Liver Transplant)
  - Spinal
  - Stroke
  - Urology
  - Vascular
  - Rural rotations in Echuca and Mildura (Emergency Medicine and General Medicine)

# Education and Supports

- **An Engaged Clinical Education Unit**
  - Weekly protected intern teaching times.
  - Deteriorating Patient Assessment Workshops.
  - Professional Development Workshops.
  - Research opportunities.
  - Clinical Skills Workshops.
  - Surgical Skills workshops at RACS.
  - Integrating multidisciplinary learning and teaching opportunities.
  - Peer Support and Mentoring Programs.
- **Supportive Medical Workforce Unit**
- **Very active HMO Society**

# Goals during your intern year

- Transition from student to medical practitioner
- Independent, competent and safe doctor
- Increasing responsibility for patient care
- Develop professional judgement
- Work in a multidisciplinary team
- (Have fun!)

# Clinical Education Unit - Who we are

- Director – Shirley Burke
- Medical Lead – Chris Leung
- Supervisor of Intern Training – Sarah Rickman
- Supervisor of PGY2/3 Training – Andrew Huang
- Education Officer – Pauline Dib
- Directors of Training (multiple)

… and many other staff for day-to-day training

# What we do

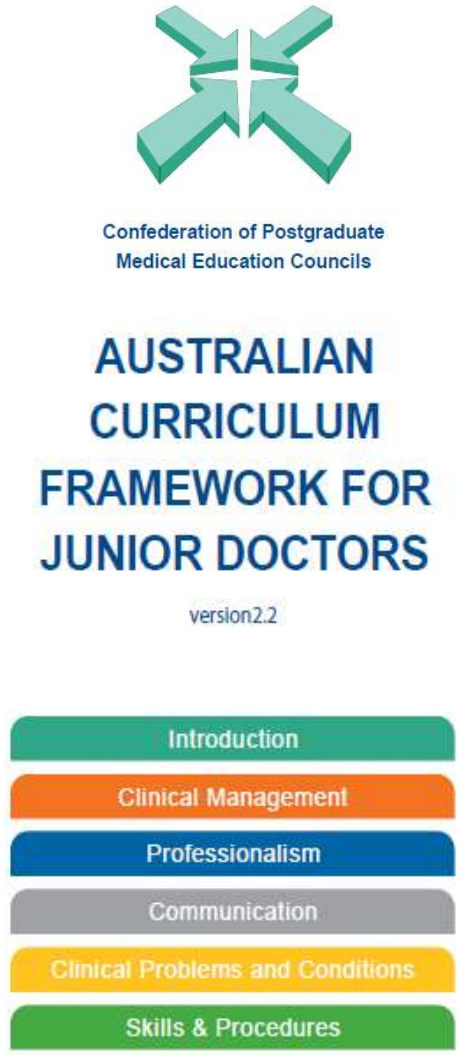
- Provide a diverse teaching and learning experience for over 300 junior medical staff
- Comprehensive orientation program
- Weekly intern education program
- Co-ordinate rotation assessments and feedback
- Optional after-hours training and workshops
- Supported by an excellent Simulation Centre and Library

# Intern orientation

- 5-day comprehensive program
- Clinical skills practice including credentialing for IV cannulation
- BLS and ALS training
- Advanced clinical assessment skills for deteriorating patients

# Intern education program

- Every Tuesday 12.30-1.30pm
- Protected teaching time
- Broad range of topics covered
- Soft skills, hands-on and didactic methods



# Responsive Program

- Live sessions allow interaction
- Multimodal (didactic plus interactive)
- Dedicated online space for intern group
- Ready access to MEO, SiT, Med Lead
- Recorded sessions

# Other things we do

- Advocate for junior doctors
- Mentors, supervisors and role models
- Hand-in-hand mentor program
- Advertise other educational opportunities (eg. skills workshops, research training etc)
- One on one career discussion with SiT

# Education opportunities

It’s not just about Tuesday lunchtimes!

- Admitting patients
- Presenting on ward rounds
- Bedside learning and mini-tutes
- Case presentations
- Audits, M&M or MDM meetings
- Grand Rounds
- Common procedures
- Optional skills or training activities (after-hours)

# 2023 Intern Applications

Sarah McConchie– Manager, Doctors in Training

Austin HEALTH

# Intern positions - 2023

- Austin Health have 65 Intern positions in 2023
- One Intern position will be available for an Aboriginal or Torres Strait Islander applicant
- We expect to have at least 1 Intern position for Priority Group 2 candidates in 2023; the final allocation is determined by the PMCV

# What is the Application Process?

- Applications open **Monday, 9 May** and close **Thursday, 9 June**
- Apply online via **PMCV** and **Austin Health** directly.
- PMCV Requirements:
  - Completion of online CV Form
  - Nominate two clinical referees
  - Record Video interviews (10 June to 12 June)
- Austin Requirements
  - Cover Letter and Curriculum Vitae (CV)
  - Non-clinical Reference (x1)
  - Photo

# What happens from there:

- Short listing process undertaken (13 – 19 June 2022).
  - As part of our Aboriginal Employment Plan, all Aboriginal and Torres Strait Islander people will be shortlisted.
- Email notification of selection for online interview review (21/22 June 2022).
- Round 1 Offers – Priority Group 1 – 20 July 2022.

# Weighting of assessment criteria:

| Scoring<br>Shortlisting /Interview Assessment | Scoring<br>Selection/Ranking |
|---|---|
| • Cover letter (35%)<br>• Curriculum Vitae (15%)<br>• Non-Clinical Reference (15%)<br>• Clinical References (35%) | • Application score: 60%<br>  ○ From Shortlisting<br>• Interview score: 40% |

# Cover Letter & Curriculum Vitae (CV)

- Your cover letter should address **why Austin and why you?**
- Address your cover letter to Ms. Gulsum Emin, MWU Coordinator, Medical Workforce Unit.
- Standardised CV Format will be required, template available on Austin Health and PMCV websites.

# What are we looking for in a doctor?

**A safe and good doctor**

- Embodies Austin Health values.
- Works well within a team environment, particularly within a multidisciplinary setting.
- Has well developed communication skills.
- Is interested in research and teaching.
- Has interests and achievements outside of the medical field.
- Displays a community focus through membership of community or volunteer groups.
- Is interested in a future career at Austin Health*

# Non-clinical Reference

- You need to submit **ONE** written non-clinical reference with your application to Austin Health.
- The reference needs to be from someone who has worked with you in a supervisory role (paid or voluntary), not a family friend/member or colleague.
- The reference should be no longer than one page.

# Clinical References

- TWO clinical references will need to be supplied via the PMCV Allocation and Placement Service (APS)

- Your references can be from Consultants or Registrars, but better if they are from those who have worked clinically with you rather than an academic supervisor.

- This is a standardised online form, but please do encourage those completing the referee form to add commentary as well.

# Further Information & Contact

- Austin Health Website
  https://www.austin.org.au/careers/interns
- Email: internrecruitment@austin.org.au
- Phone: 03) 9496 6813

# Questions and Answers

## Senior Medical Staff Panel:

- MC – Dr Chris Leung – Medical Lead, CEU

- Aged Care – A/Prof Michael Murray
- Anaesthesia/Critical Care – Dr Shervin Tosif
- Emergency Medicine – Dr Victor Lee
- Psychiatry – Dr Michael Mazzolini
- General Medicine – Dr Suet-Wan Choy
- General Surgery – Mr David Proud

# Questions and Answers

## Doctors in Training Staff Panel:

- MC – Dr Joey Lam– Elizabeth Austin Registrar

- Monique Fernandez - intern
- Jenny Sheen - intern
- James Wang - intern
- Daniel De Battista – HMO2
- Michael Jiang – HMO2
- Elise Cannan – BPT3+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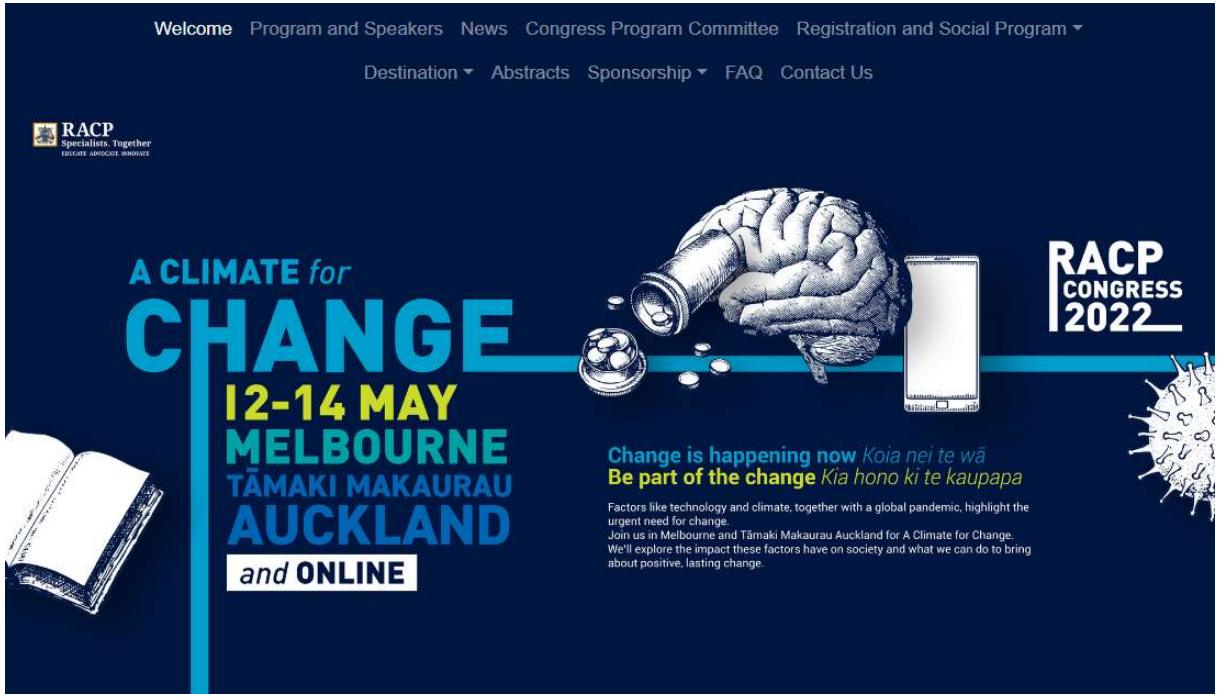
# Sustainable Healthcare

13th May, 11:15pm to 12:40 pm

Chaired by Dr Chris Leung

- Anjali Sharma
- Ashjayeen Sharif
- Professor Nick Talley
- Fiona Armstrong
- Dr Angie Bone


https://event.racpevents.edu.au/racp-congress-2022/registration

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