



Austin Health
Your brilliant career starts here!

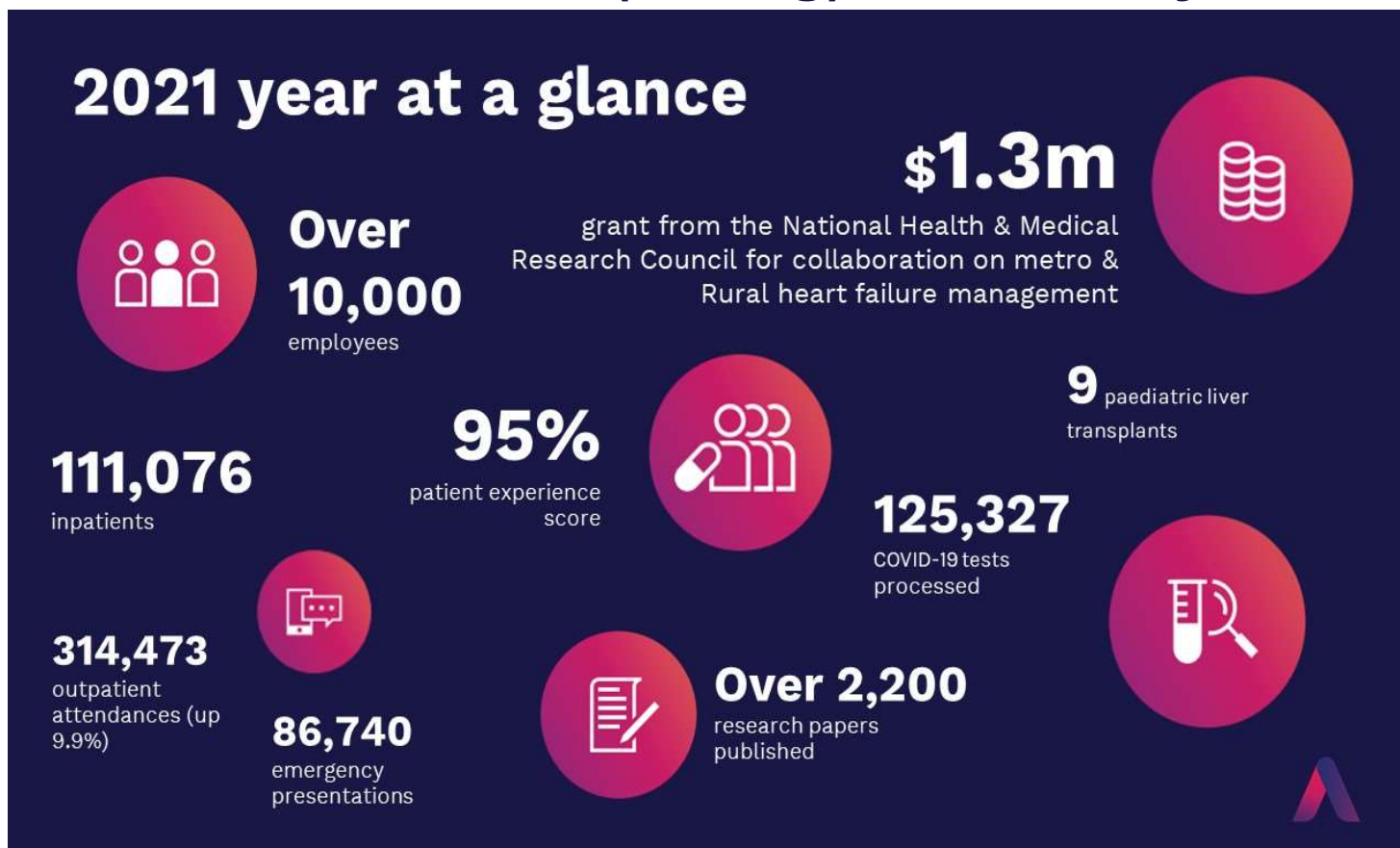
We would like to begin by acknowledging the Traditional Owners of the land on which we meet today and pay our respects to Elders past and present and extend that respect to other Aboriginal and Torres Strait Islander People who are here today.



Acknowledgment of Country

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 actions show we care



We are inclusive and considerate.
We appreciate one another, always listening and interacting with compassion.

We bring our best



We are guided by the needs of our patients, bringing commitment, integrity and energy to everything we do. We are passionate about delivering excellence.

Together we achieve



Our culture of collaboration means we work openly with our people, our community and beyond to achieve great outcomes.

We shape the future



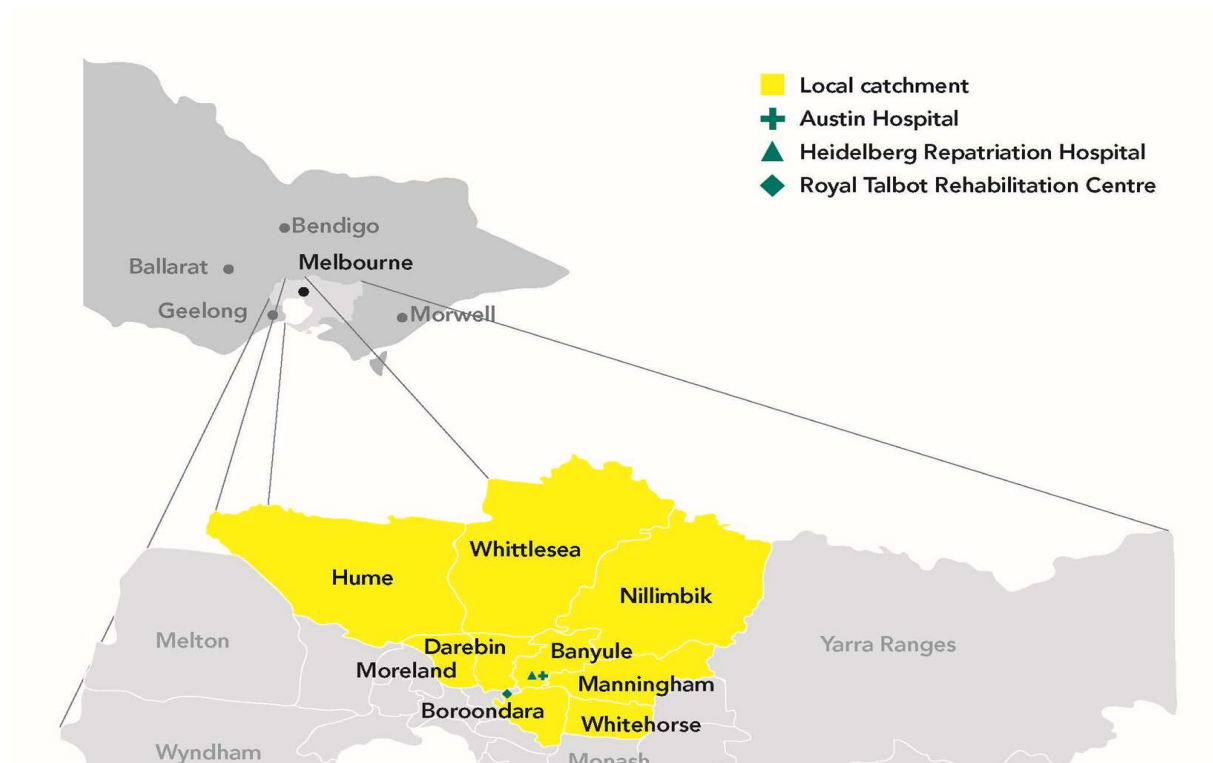
Through research, education and learning we innovate, exploring new opportunities that will change health care for the better.



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



THE UNIVERSITY OF
MELBOURNE



Choosing Wisely
Australia

An initiative of NPS MedicineWise

Austin
HEALTH

Clinical Education Unit



Medicine



Nursing



Allied Health



Deteriorating
patients



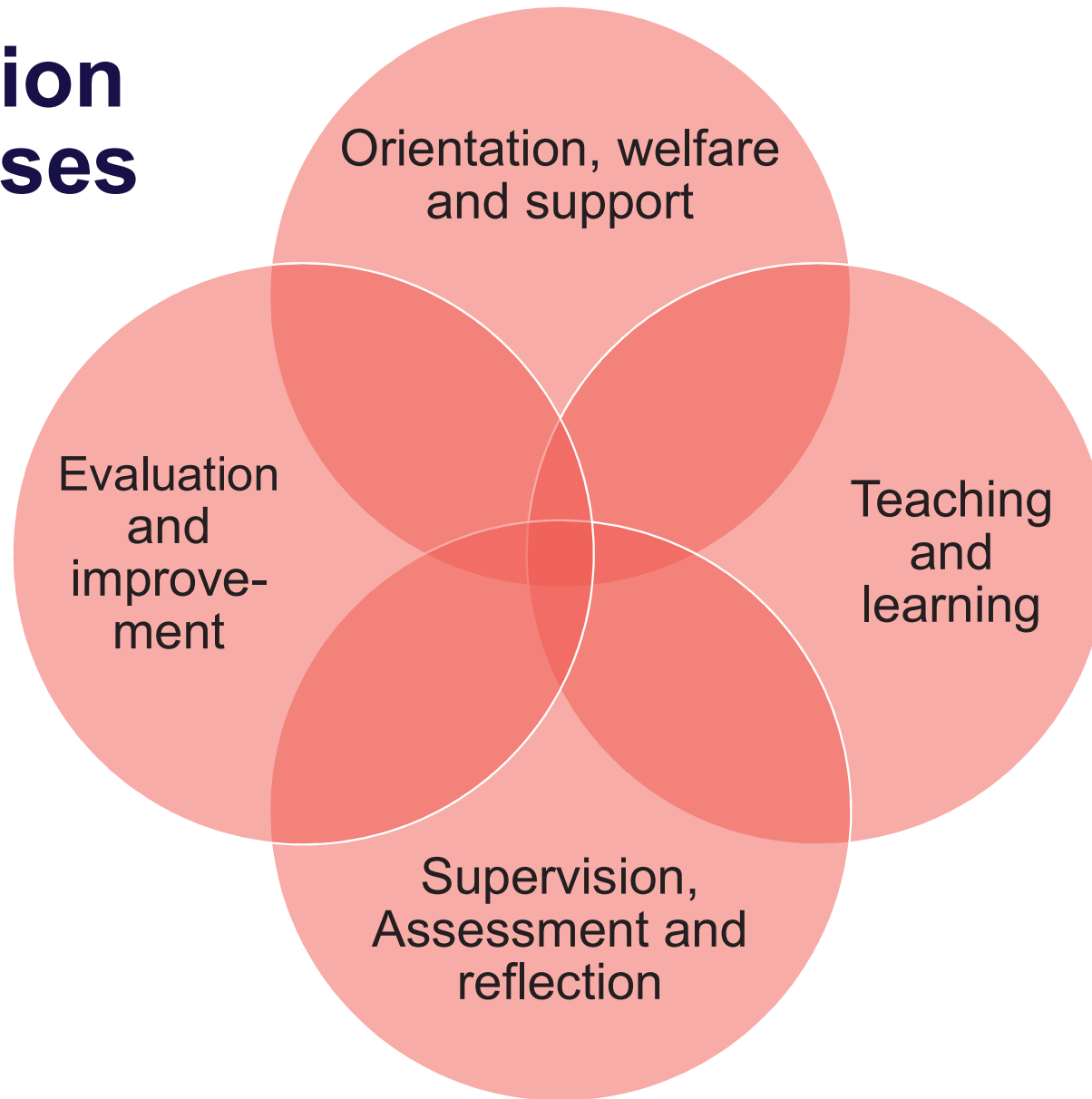
Clinical
Library



Simulation





Education Processes



PMCV programs

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



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Teaching On The Run

Why should you attend?

To develop the ability to:

Plan and recognise opportunities for teaching

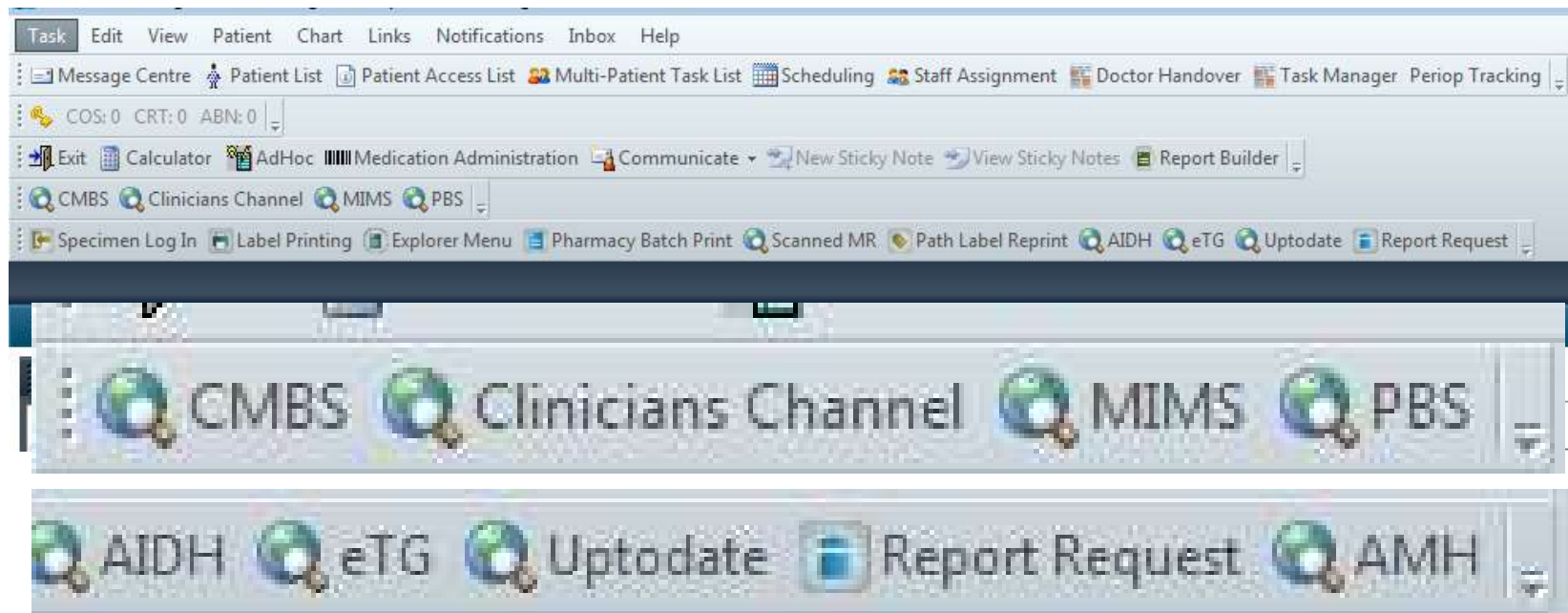
Provide effective feedback

Provide strategies that support good supervision and learner support

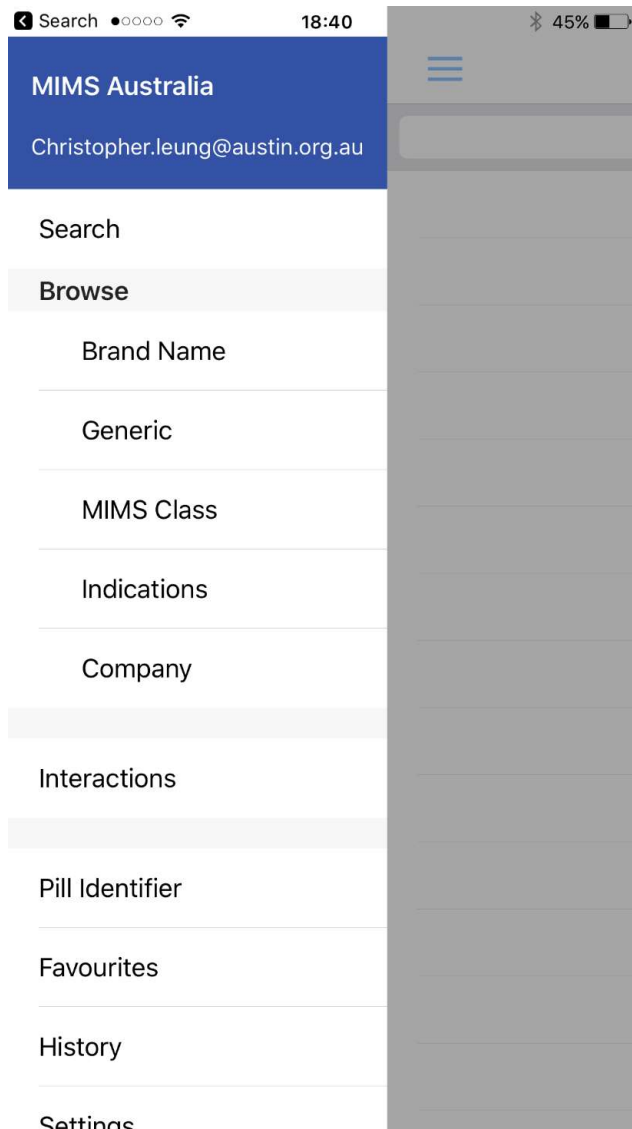
Build staff confidence in ability to teach



It's all about easy access...



Easy access with mobile apps!



Optus 21:20 28%

tgldcdp.tg.org.au.acs.hcn.com.au

eTG complete

eTG complete > Search results

Search results

Advanced search

Refine search

34 results found

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

< >   

Optus 21:16 29%

uptodate.com

< Q 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](#)

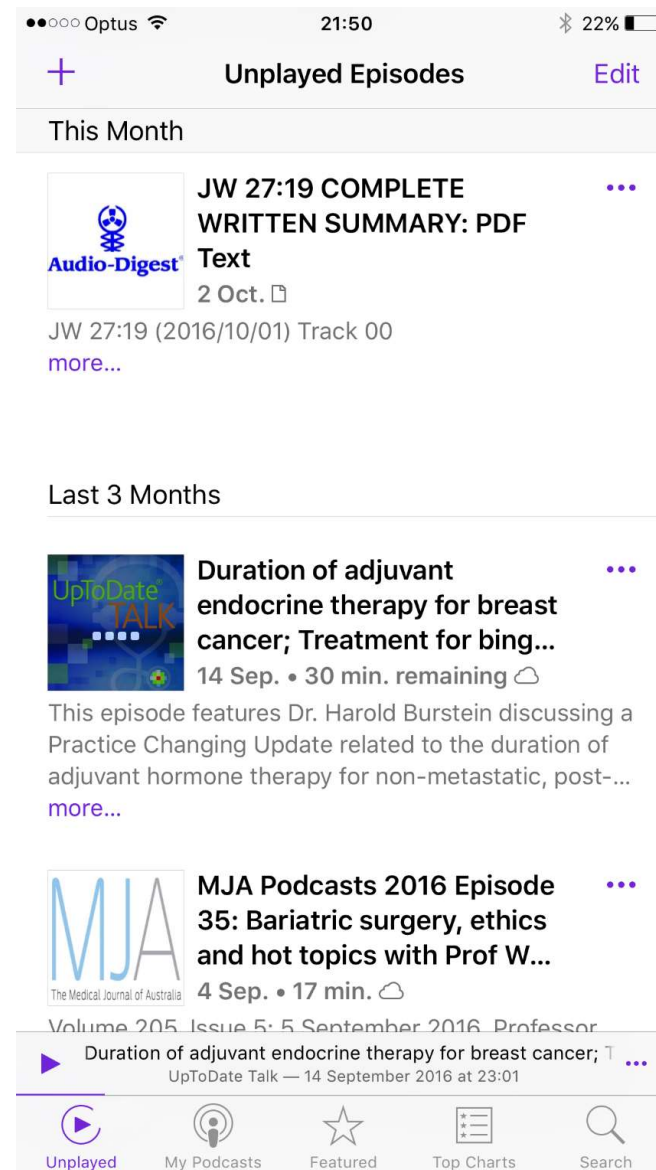
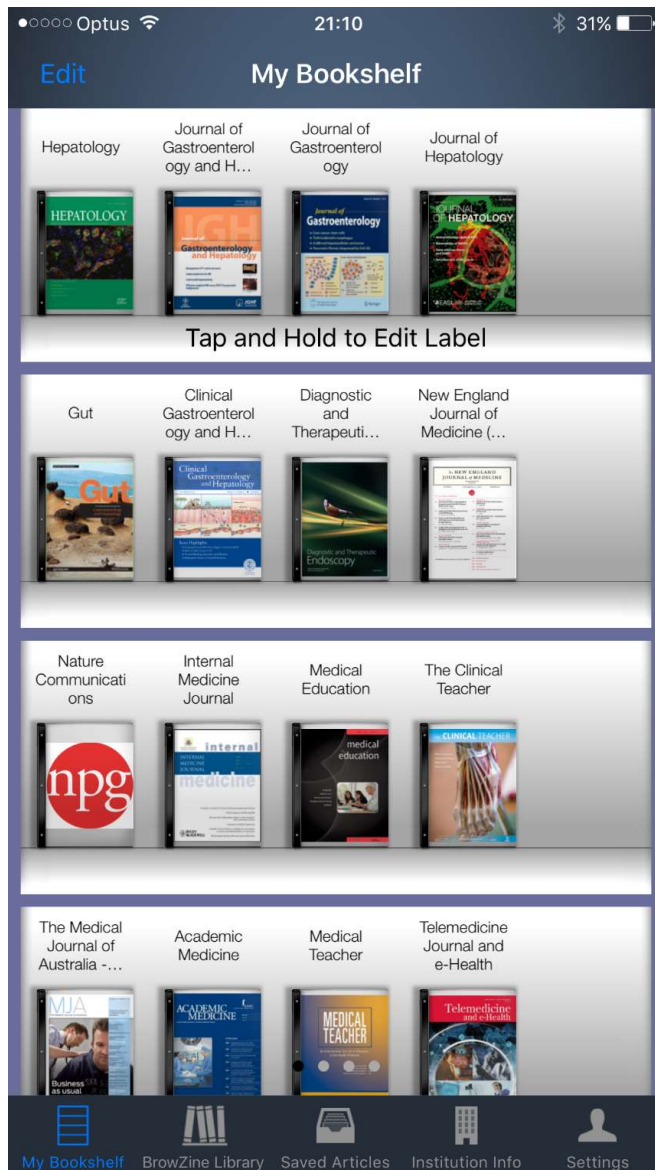
- Clinical use

[DIAGNOSTIC ALGORITHMS](#)

- Acute hepatitis
- Past HBV infection

< >   





Austin Healthcasts

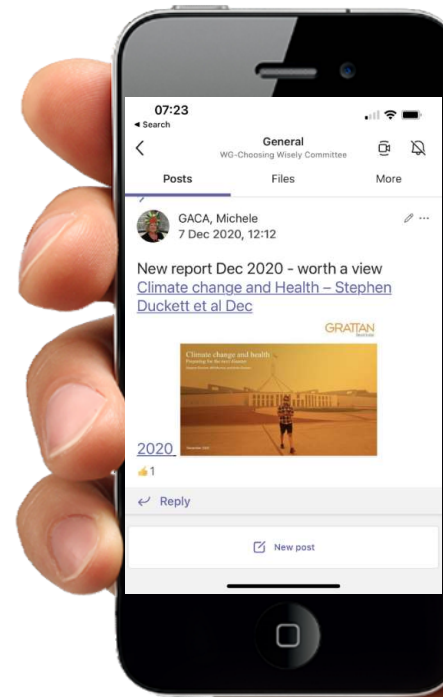
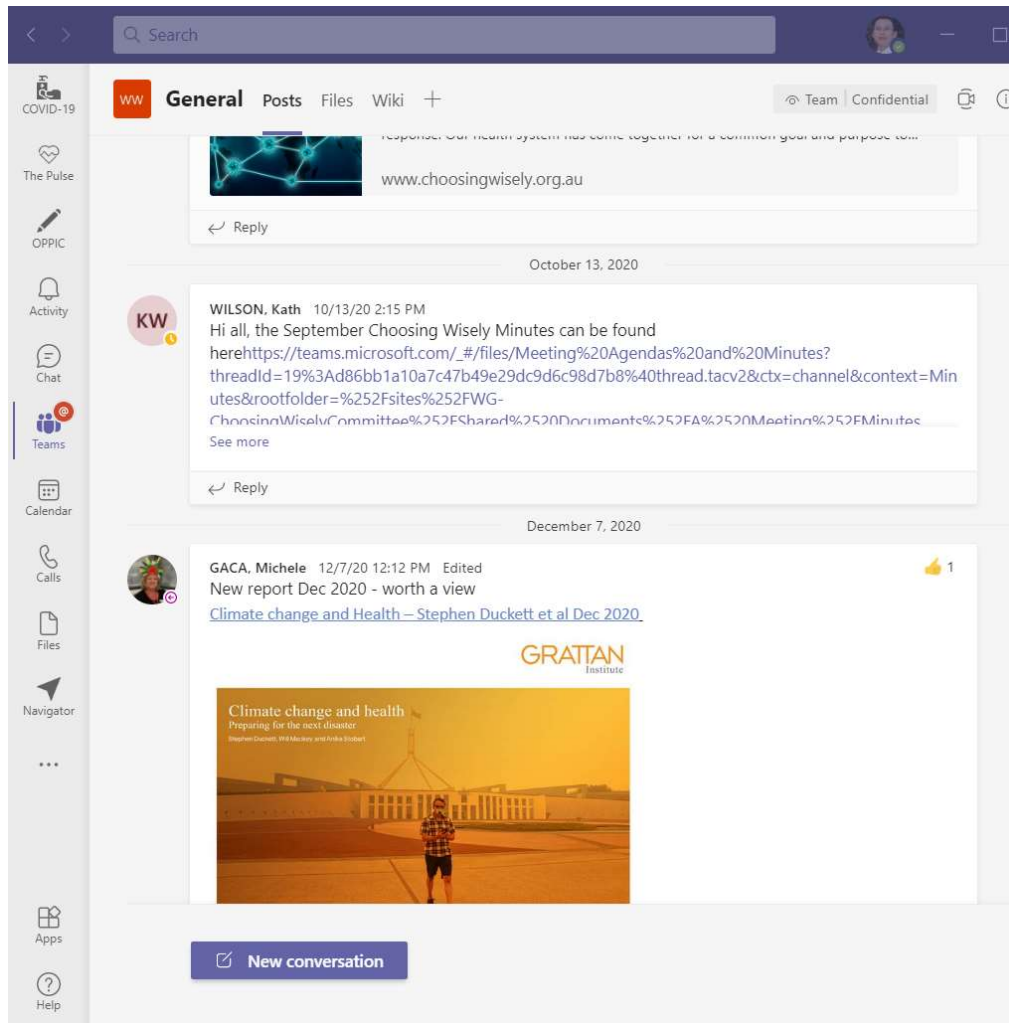
Intern and HMO podcasts

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

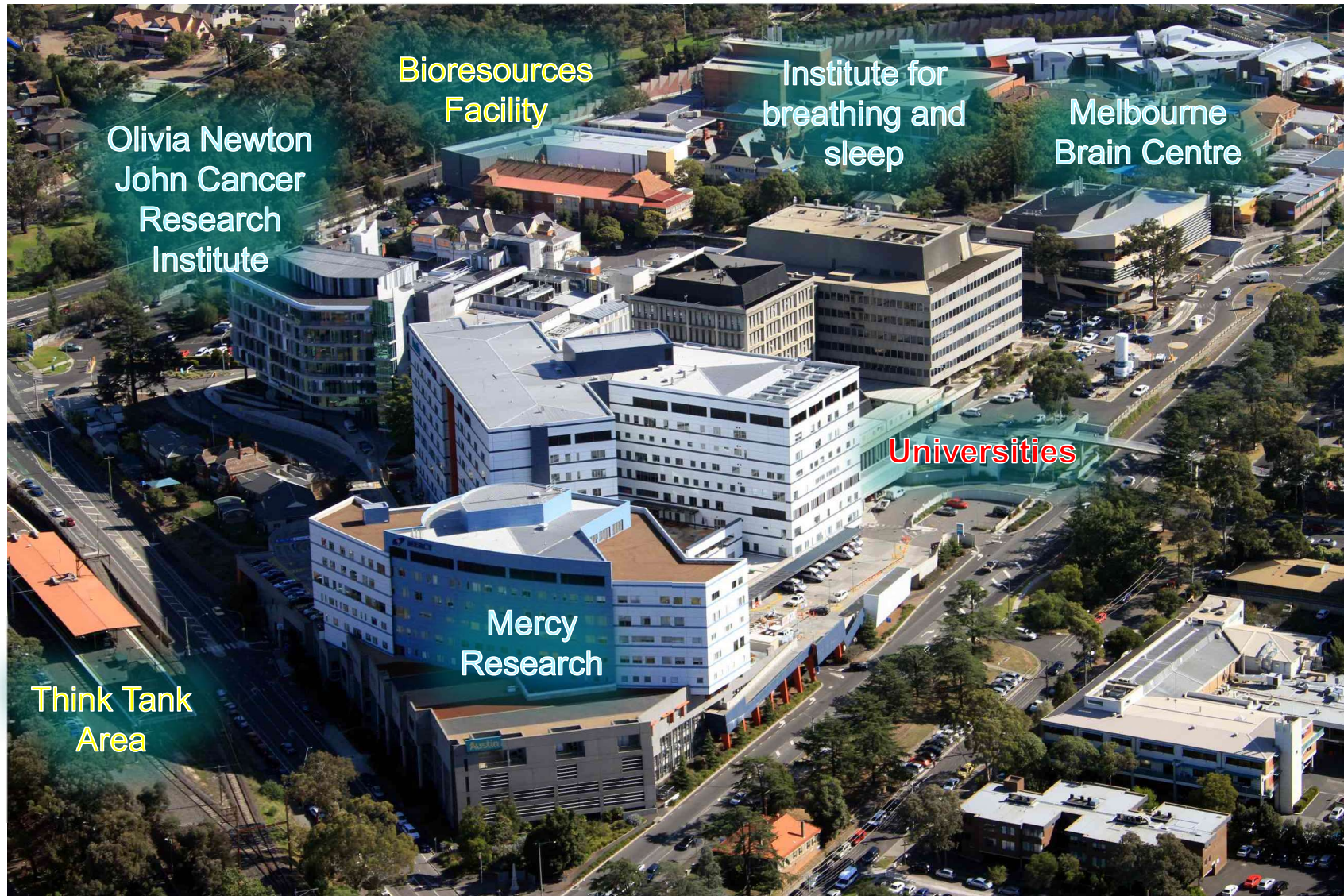
World class researchers

- 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







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

ADVANCED RESEARCH METHODS

Poised to publish

Austin Doyle Lecture Theatre
Level 4, Austin Tower
Austin Health

Register at www.austin.org.au/ARM

Austin
HEALTH

Innovative Education Programs

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 (Weekly, April - November) <i>Official protected teaching time for SET Trainees based at Austin</i>	Howard Eddey Library Level 8 LTB
WEDNESDAY	0700 - 0730	Light Breakfast	Lecture Theatre Level 8 LTB
	0730 - 0830	SURGICAL FORUM INVITED LECTURES (Weekly, February - July) ANNUAL AUDTS (Weekly, July - November)	
THURSDAY	0700 - 0730	Light Breakfast	Lecture Theatre Level 8 LTB
	0730 - 0830	SURGICAL UNIT WEEKLY AUDIT (Weekly, February - December)	
FRIDAY	0700 - 0800	Clinical Case Discussions (Fortnightly, April - November) Surgical Anatomy Tutorials (Monthly, April - November)	Howard Eddey Library Level 8 LTB
SATURDAY	0930 - 1230	SIMULATION WORKSHOPS (Four sessions for 2016 preceding Saturday Seminars)	Endoscopy Suite Level 2
SATURDAY	1300 - 1700	SATURDAY SEMINARS (Monthly, April - October)	Lecture Theatre Level 8 LTB
SATURDAY	0900 - 1600	RACS / GSA Simulation Workshops (Three sessions for 2016 open to all Victorian Gen Surg SET Trainees)	RACS Skills Centre

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



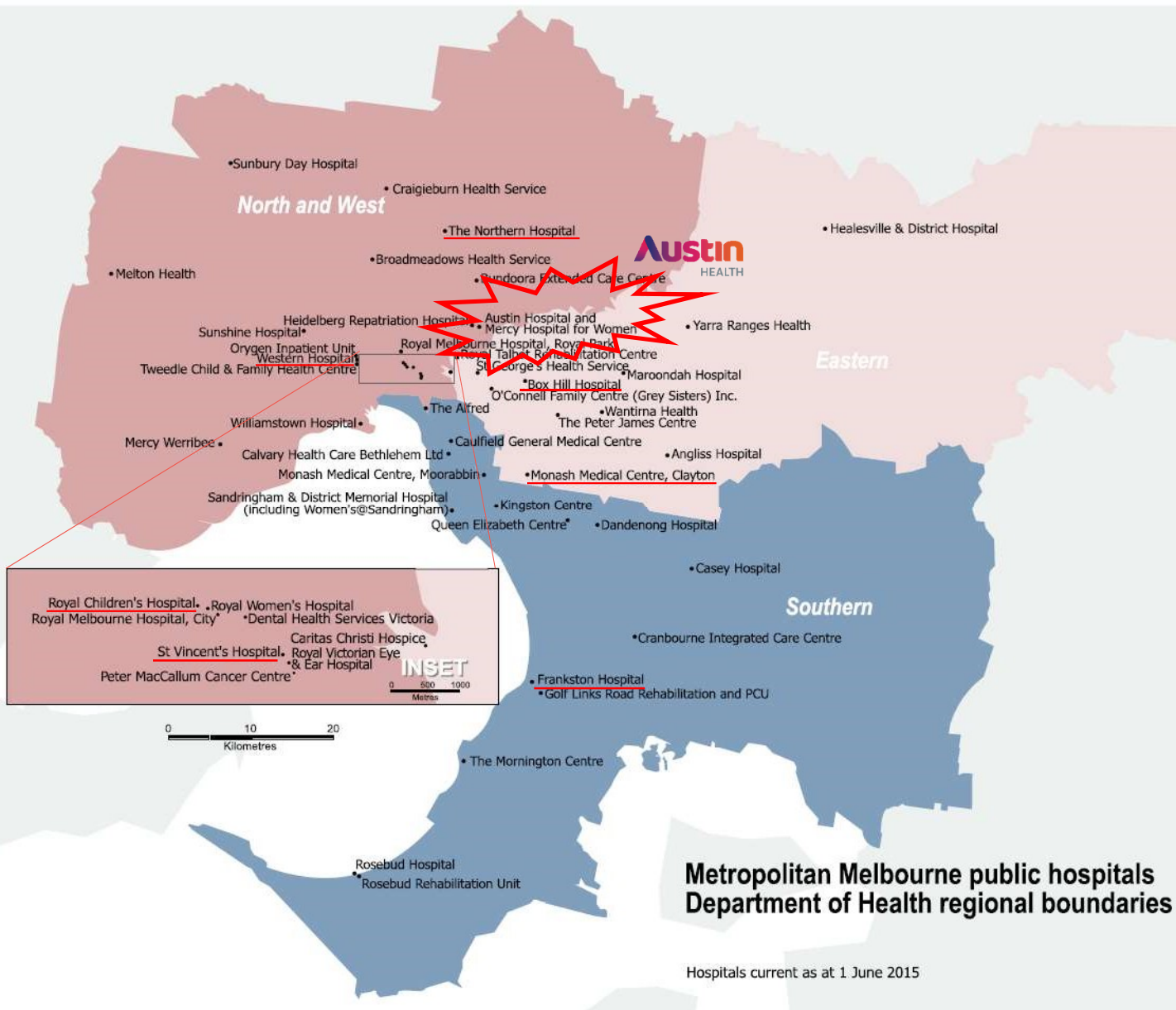
Choosing Wisely

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



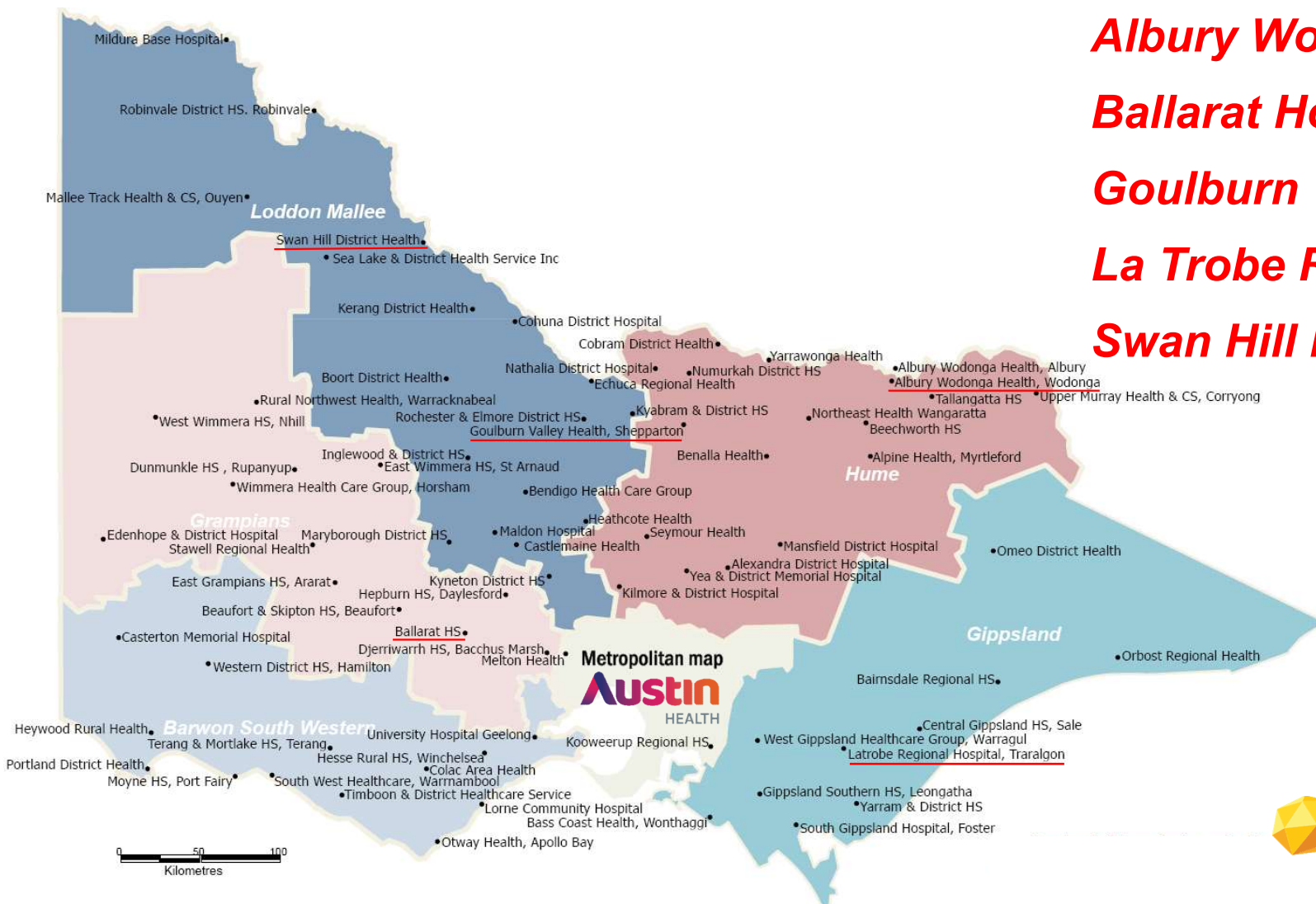
Austin Health
Northern Health
Eastern Health
St Vincent's Hospital
Western Health
Monash Health
Peninsula Health
Royal Children Hospital



**Choosing Wisely
Australia**

An initiative of NPS MedicineWise





Albury Wodonga Health
Ballarat Hospital
Goulburn Valley Health
La Trobe Regional Hospital
Swan Hill Hospital



**Choosing Wisely
Australia**

An initiative of NPS MedicineWise



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?

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

Ask an Informationist Choosing Wisely Australia

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 or for prevention, **is more myth** than a practical, easy (or magical) solution to the growing problem of AF."

2017 Systematic Review Evidence

"Magnesium administration post-cardiothoracic surgery appears to reduce AF without significant adverse events."

- Optimal timing - postoperative with duration >24h, doses up to 60mmol, administered as boluses
- Insufficient evidence supporting magnesium therapy for treatment or prophylaxis of other arrhythmias
- Magnesium **was inferior** to β -blockers and amiodarone in preventing postoperative atrial fibrillation/flutter (POAF), which is consistent with the findings in cardiac surgery"

2016 Canadian Cardiovascular Society Guideline

"We suggest that patients who have a contraindication to β -blocker therapy and amiodarone before or after cardiac surgery be considered for prophylactic therapy to prevent POAF with intravenous magnesium"

(Conditional Recommendation, Low-Quality Evidence)

2014 NICE Clinical Guideline

"Do not offer magnesium or a calcium-channel blocker for pharmacological cardioversion"

Why not?

The Guideline Development Group (GDG) determined that Magnesium was more clinically effective than calcium channel blockers but **less effective than placebo**. Therefore, the GDG considered these drugs showed harm and should not be used for cardioversion."

2013 Cochrane systematic review: "The ability of magnesium to prevent atrial fibrillation may be slightly less than that of the other pharmacological agents."

Prepared by Austin Health Sciences Library Nov 2017 Full report: <http://hub.choosingwisely.org>

Ask an Informationist Choosing Wisely Australia

WHAT IS THE EVIDENCE FOR MINIMUM RETESTING INTERVALS IN MICROBIOLOGY TESTS?

THE ISSUE

Laboratory test over-use is a known contributor to unnecessary interventions & patient harm

MINIMUM RETESTING INTERVALS

The minimum time before a test should be repeated, based on test properties and clinical situation

"Defining appropriate use of clinical microbiology tests remains an elusive goal" Wilson 2002

BEST EVIDENCE FOR MICROBIOLOGY

"If no evidence-based guidance existed ... recommendations were based on consensus"

"All recommendations in this area of pathology were based on consensus expert peer opinion." Royal College of Pathologists 2015

THE WAY FORWARD

- Studies indicate implementing computerised alert systems based on retesting intervals can save ~12.8% test cost
- Cleveland Clinic's **"Hard Stop"** method prevents same-day testing for 1200+ tests (at 2013)

✓ saved US\$300,000+ ✓ prevented 18,000+ duplicate tests

EXPERT OPINION

We need a stronger evidence base!

Prepared by Austin Health Sciences Library Mar 2018

Ask an Informationist Choosing Wisely Australia

FOR ACUTE NON-VARICEAL UPPER GI BLEED... SHOULD IV PPIs BE GIVEN TWICE DAILY OR CONTINUOUSLY?

Current

2016 Globally, guidelines recommend: in high risk patients, with acute non-variceal UGIB, post endoscopic haemostasis, administer PPI as IV bolus (80mg) followed by continuous infusion (8mg/hr) for 72 hours

2002 BSGE 2002; ACG 2012; ESGE 2015; NICE 2016; Nanchang 2016; JGES 2016

but wait...

2017 UTD recommends administering IV PPI "at a dose of **40mg twice daily** rather than a high-dose continuous infusion"

"Our approach differs from 2010 and 2012 guidelines... Meta-analyses of randomised trials have **failed to show superior outcomes with high-dose continuous IV PPI administration** compared with intermittent dosing"

Overview of the treatment of bleeding peptic ulcers, UpToDate 2017

and...

"intermittent PPI therapy has been found to be **safe and effective** while significantly reducing cost, even in patients with high-risk stigmata after endoscopy"

Evidence summary - American Journal of Health-System Pharmacy, Feb 2017

plus...

- Low dose IV PPI achieved the **same efficacy** as high dose PPI post endoscopic haemostasis
- "High dose PPI show little or **no difference** in the risk of rebleeding and mortality"
- "The risk/benefit and cost/benefit balance are probably unfavorable to the use of high doses"

Evidence summaries 2010 & 2016

Prepared by Austin Health Sciences Library Jan 2018 Full report: <http://hub.choosingwisely.org>

Ask an Informationist Choosing Wisely Australia

Are opioids necessary FOR THE MANAGEMENT OF PAIN FOLLOWING LIMB FRACTURE SURGERY OR EXTREMITY TRAUMA?

The issue...

The 'opioid crisis' has recently been reframed as a "public health emergency" (Gostin et al 2017)

plus ...

Postoperative prescription opioids are often unused, unlocked & undisposed (Bicket et al 2017)

"Across all reports, 2 to 5 times more opioids are prescribed than consumed" (Gauger et al 2018)

Recent evidence ...

Non-opioid analgesia is as effective as opioid analgesia for acute extremity pain (Chang et al 2017)

Combination non-opioids reduce opioid consumption post-operatively (Martinez et al 2017)

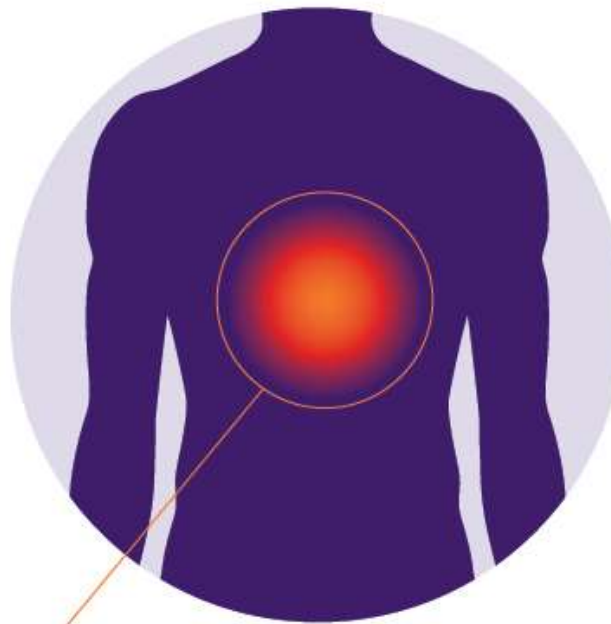
"Multimodal analgesia is available and the evidence is strong to support its efficacy" (Wick et al 2017)

The balancing act...

Optimal pain management **Responsible prescribing**

Prepared by Austin Health Sciences Library Jun Full report: <http://hub.choosingwisely.org>

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)

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

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.

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)

On Discharge:

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

Task Edit View Patient Chart Links Notifications Options Current Add Help

Message Centre Patient List Patient Access List Multi-Patient Task List Scheduling Staff Assignment Doctor Handover

CRT: 0 ABN: 0 COS: 17

Tear Off Exit Calculator AdHoc Medication Administration Communicate New Sticky Note View Sticky Notes

CMBS Clinicians Channel MIMS PBS

Label Printing Explorer Menu Pharmacy Batch Print Path Label Reprint Scanned MR Report Request AIDH eTG

Decision Support

Identified Order: Coagulation Studies

Reference

Coagulation Studies

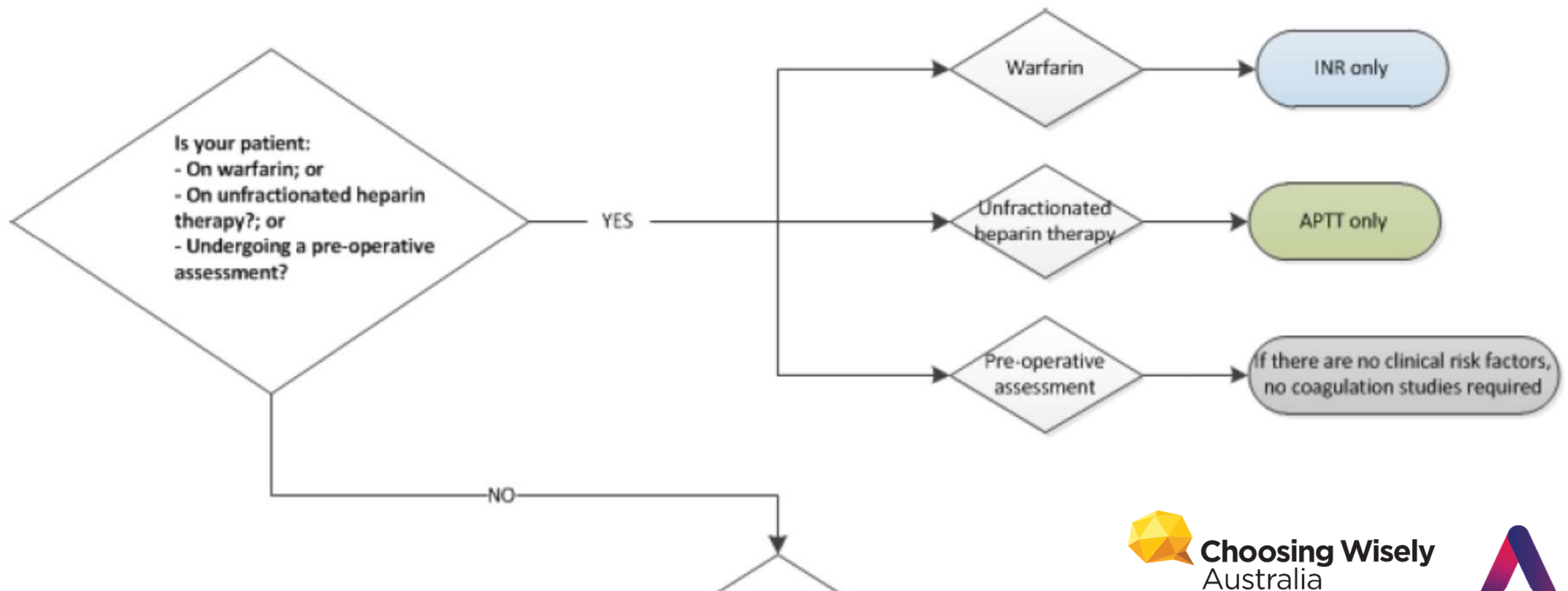
☐ CarePlan information ☐ Chart guide ☒ Nurse preparation ☐ Patient education ☐ Policy and procedure

This test includes APTT, INR, PT and Fibrinogen.

Routine testing of all four tests of coagulation is not in line with current guidelines.

Please see the ePPIC document: [Guideline for Ordering Pathology Tests – Coagulation Studies](#)

Education with decision support...




**Choosing Wisely
Australia**

An initiative of NPS MedicineWise



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 Churilov³ and Eliza A. Hawkes ^{2,4}

¹Department of Medicine, and ²Department of Clinical Haematology and Medical Oncology, Olivia Newton John Cancer Research and Wellness Centre, Austin Health, ³Statistics and Decision Analysis Academic Platform, Florey Institute of Neuroscience and Mental Health, and ⁴Eastern 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

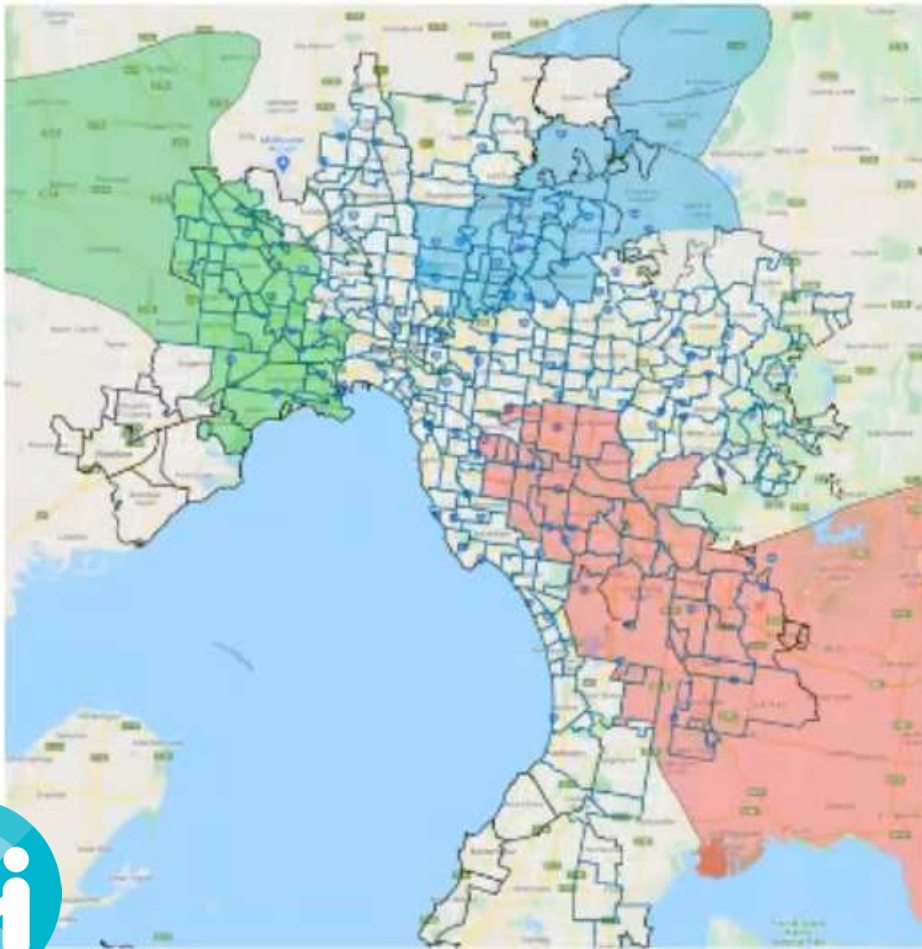
Abstract

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

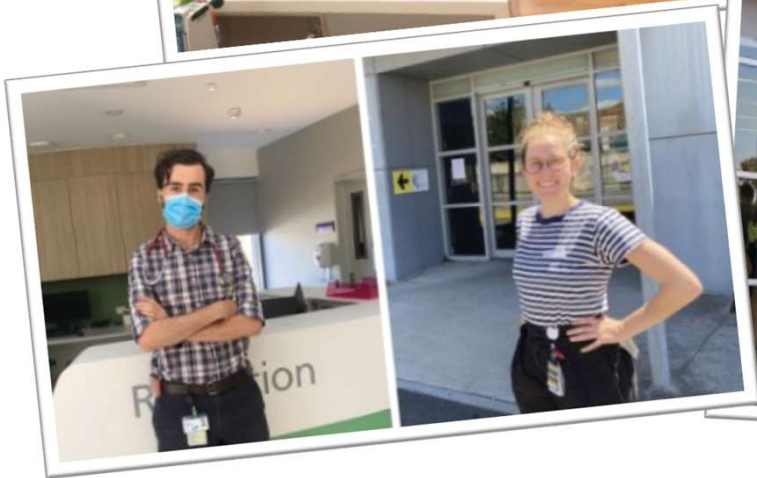
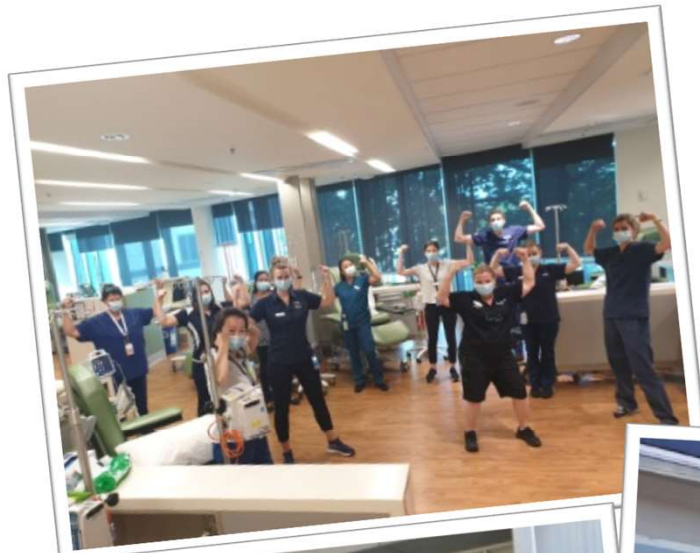
Western PHU



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



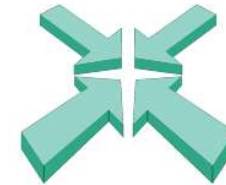
Intern orientation

- 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



Confederation of Postgraduate
Medical Education Councils

AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS

version 2.2

Introduction

Clinical Management

Professionalism

Communication

Clinical Problems and Conditions

Skills & Procedures



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)



A photograph of a young woman with blonde hair in a ponytail and glasses, wearing a white lab coat and a blue lanyard, looking at a smartphone. Next to her is an older man with grey hair and glasses, wearing a grey suit and a striped tie, also looking at the phone. They are in a clinical or hospital setting with blue walls and other people blurred in the background. A large purple and red curved shape overlays the bottom half of the image.

2023 Intern Applications

Sarah McConchie— Manager, Doctors in Training



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 Shortlisting /Interview Assessment	Scoring Selection/Ranking
<ul style="list-style-type: none">• Cover letter (35%)• Curriculum Vitae (15%)• Non-Clinical Reference (15%)• Clinical References (35%)	<ul style="list-style-type: none">• Application score: 60%<ul style="list-style-type: none">○ From Shortlisting• 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+



No continent, country or community is immune from the health impacts of climate change.

Aligning the global COVID-19 recovery with our response to climate change offers the chance to protect health, promote a sustainable economy, and preserve our planet.



Lancet Countdown Report 2020



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



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**A CLIMATE for
CHANGE**
12-14 MAY
MELBOURNE
TĀMAKI MAKĀURAU
AUCKLAND
and ONLINE

**RACP
CONGRESS
2022**

Change is happening now *Koia nei te wā*
Be part of the change *Kia hono ki te kaupapa*

Factors like technology and climate, together with a global pandemic, highlight the urgent need for change.
Join us in Melbourne and Tāmaki Makaurau Auckland for A Climate for Change.
We'll explore the impact these factors have on society and what we can do to bring about positive, lasting change.

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



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