Austin Intern Information Session

Your brilliant career starts here!

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

Austin HEALTH

Austin Health Values

Professor Mary O'Reilly

Our Vision and Values

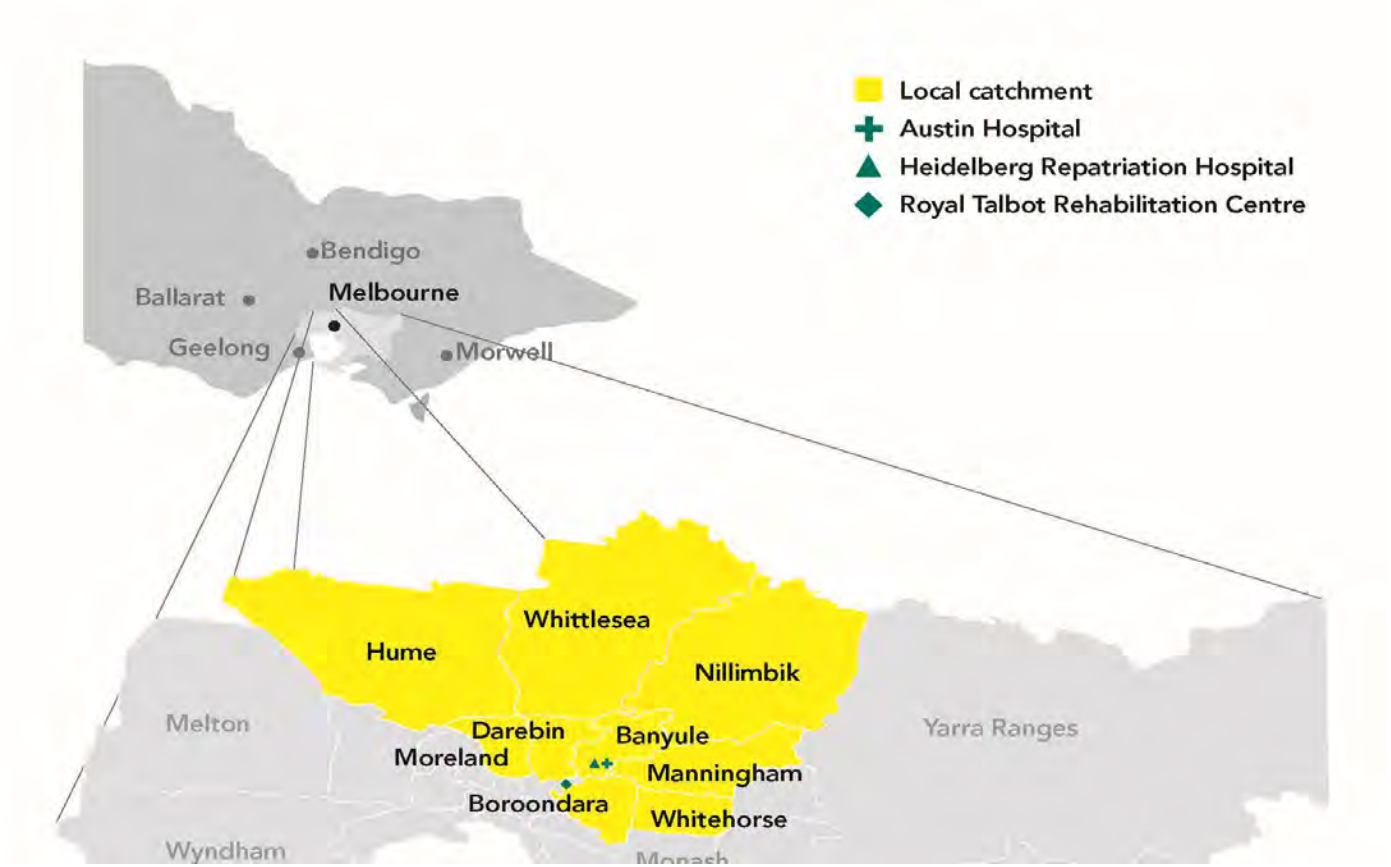
Our Vision

Shaping the future through exceptional care, discovery and learning.

Our Values

Our Strategy and Direction

Our Catchment and Campuses



What is great about working at Austin Health?

Ms Shirley Burke, Director, Clinical Education Unit

A/Prof Chris Leung, Medical Lead, Clinical Education Unit

Clinical Education Unit – Director Shirley Burke

Medicine

Nursing

Allied Health

Deteriorating patients

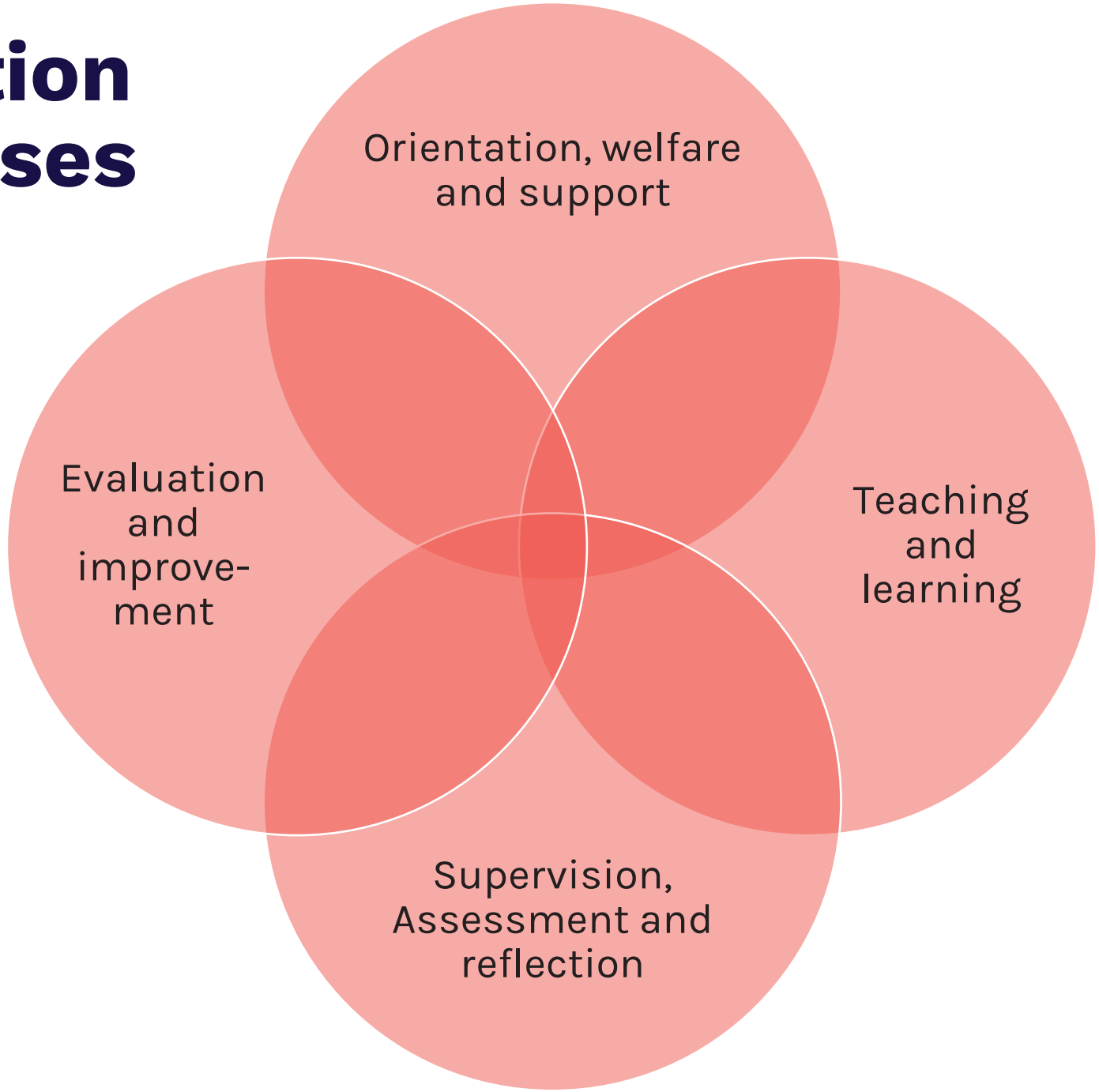
Clinical Library

Simulation

Choosing Wisely Australia
An initiative of NPS MedicineWise

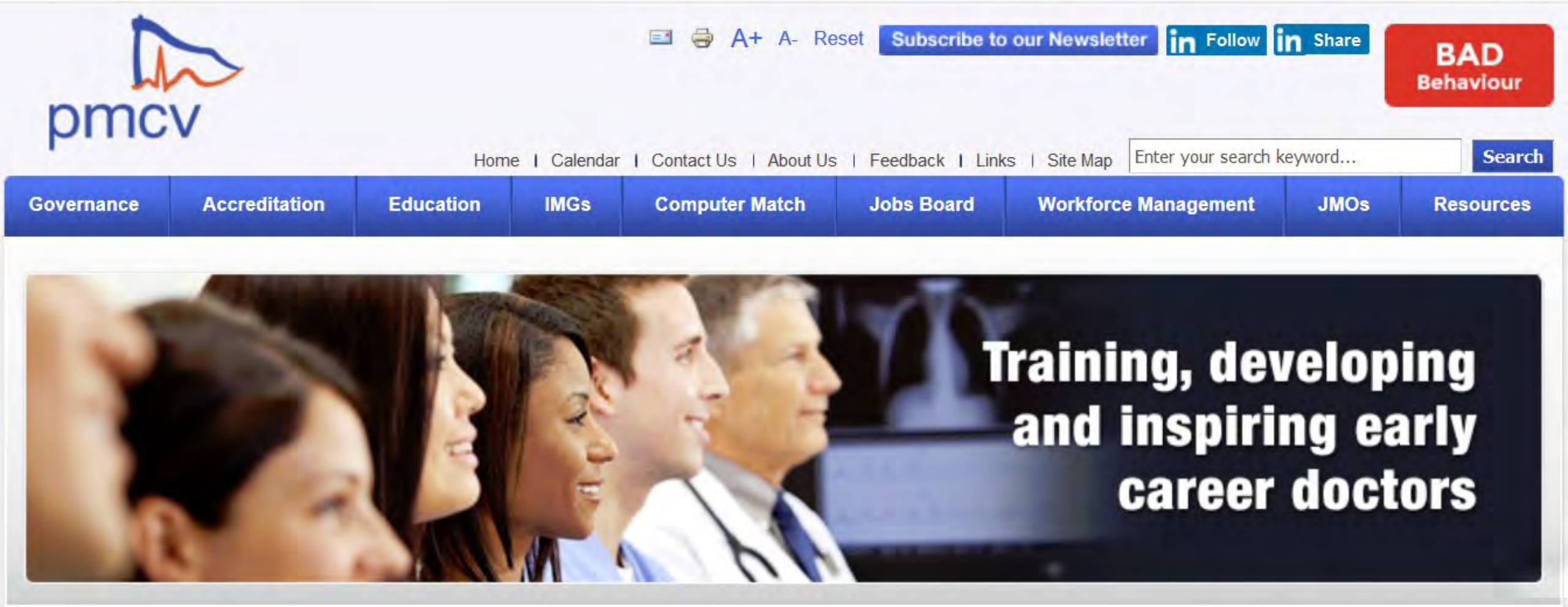
Medical Education Team	
Medical Lead, Clinical Education Unit	A/Prof Chris Leung
Medical Education Officer	Dr Pauline Dib
Supervisor of Intern Training	Dr Sarah Rickman
Supervisor of PGY2/3 Training	Dr Andrew Huang
Supervisor of GP Training	Dr Wendy Fisher
Supervisor of Surgical Training	A/Prof Muralidharan Vijayaragavan
Supervisor of Prevocational Surgical Training	Mr Sean Stevens
Supervisors of Physician Training	Dr Suet-Wan Choy, A/Prof Nick Jones
IMG Medical Educator	Dr Nardine Elzahaby
IMG Medical Education Officer	Ms Therese Kissane

Education Processes

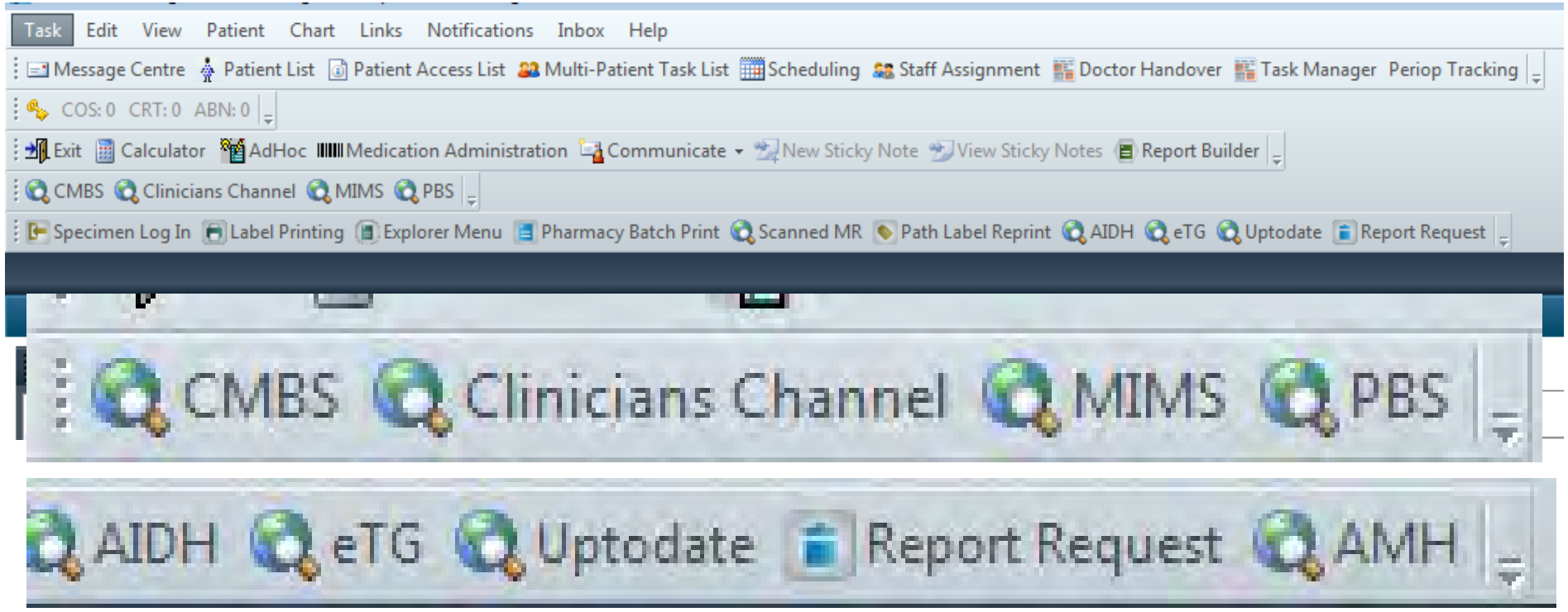


PMCV programs

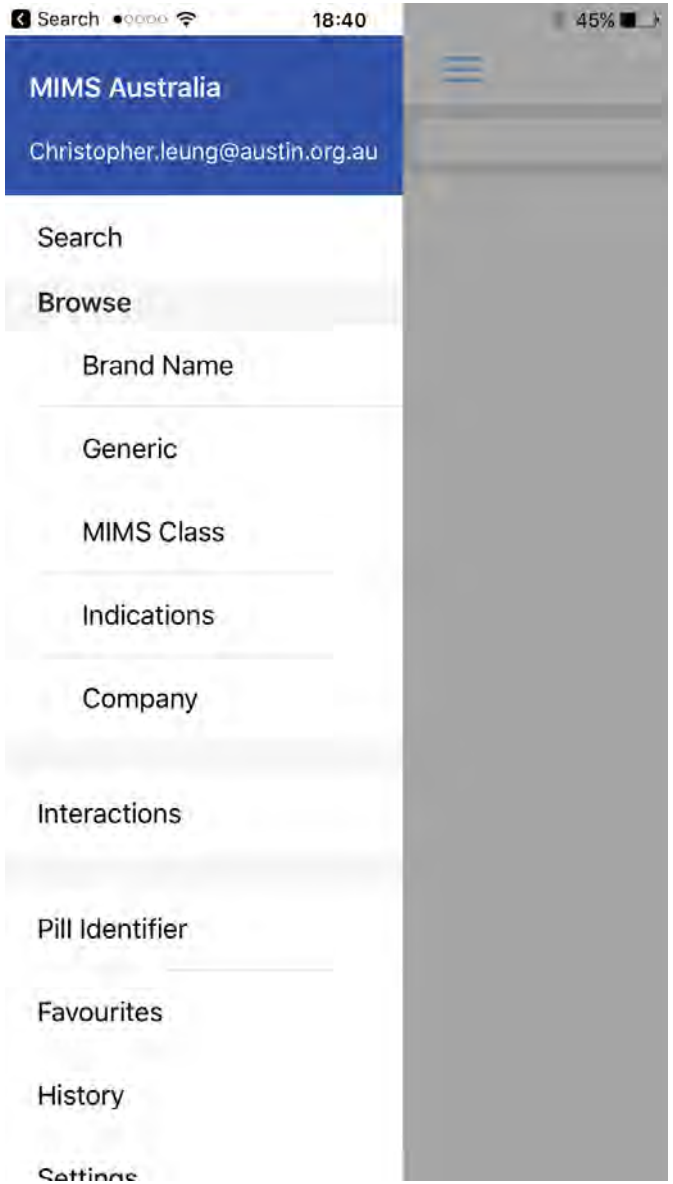
https://www.pmcv.com.au/education/professional-development-program-for-registrars

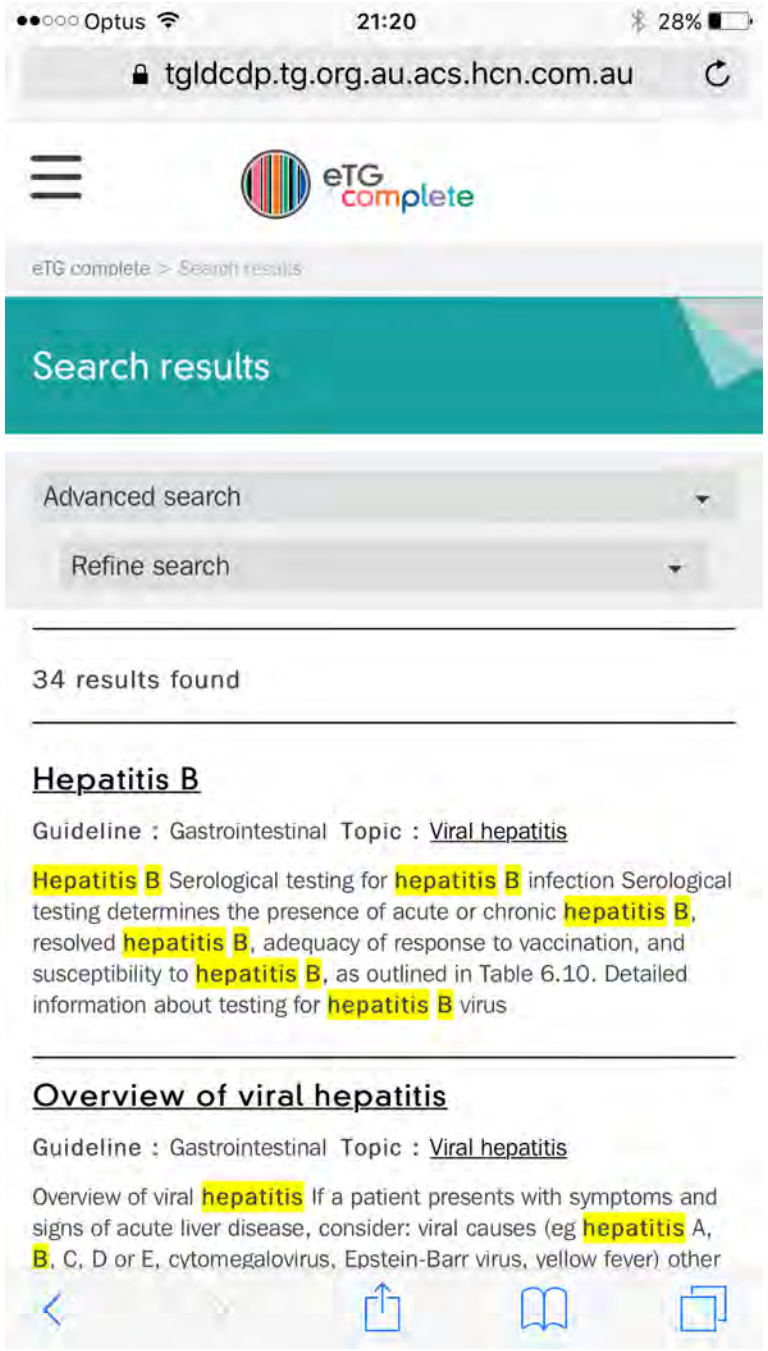


It’s all about easy access...



Easy access with mobile apps!

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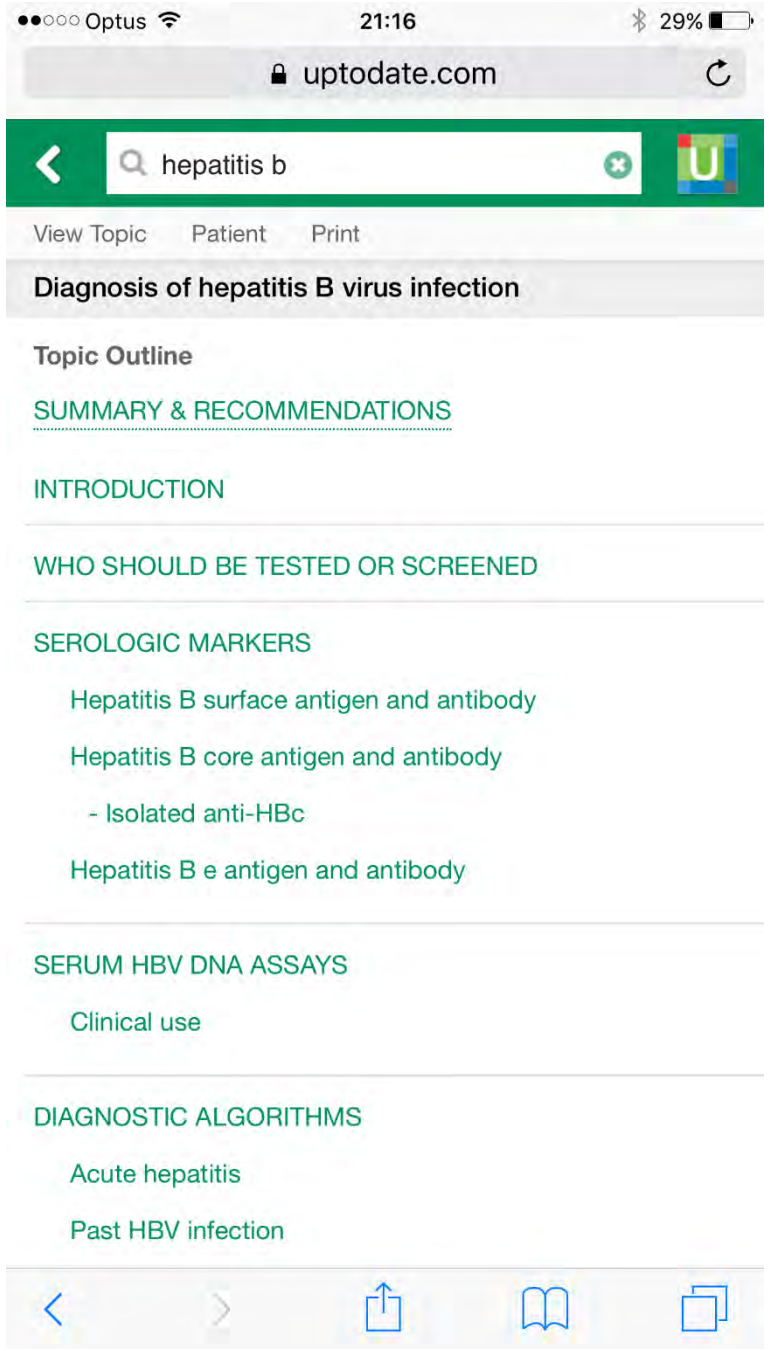
eTG complete
eTG complete > Search results
Search results
Advanced search
Refine search
34 results found
Hepatitis B
Guideline : Gastrointestinal Topic : Viral hepatitis
Hepatitis B Serological testing for hepatitis B infection Serological testing determines the presence of acute or chronic hepatitis 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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uptodate.com
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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My Bookshelf
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Journal of Gastroenterology and H…
Journal of Gastroenterology
Journal of Hepatology
Tap and Hold to Edit Label
Gut
Clinical Gastroenterology and H…
Diagnostic and Therapeuti…
New England Journal of Medicine (…
Nature Communications
Internal Medicine Journal
Medical Education
The Clinical Teacher
The Medical Journal of Australia -…
Academic Medicine
Medical Teacher
Telemedicine Journal and e-Health
My Bookshelf
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Saved Articles
Institution Info
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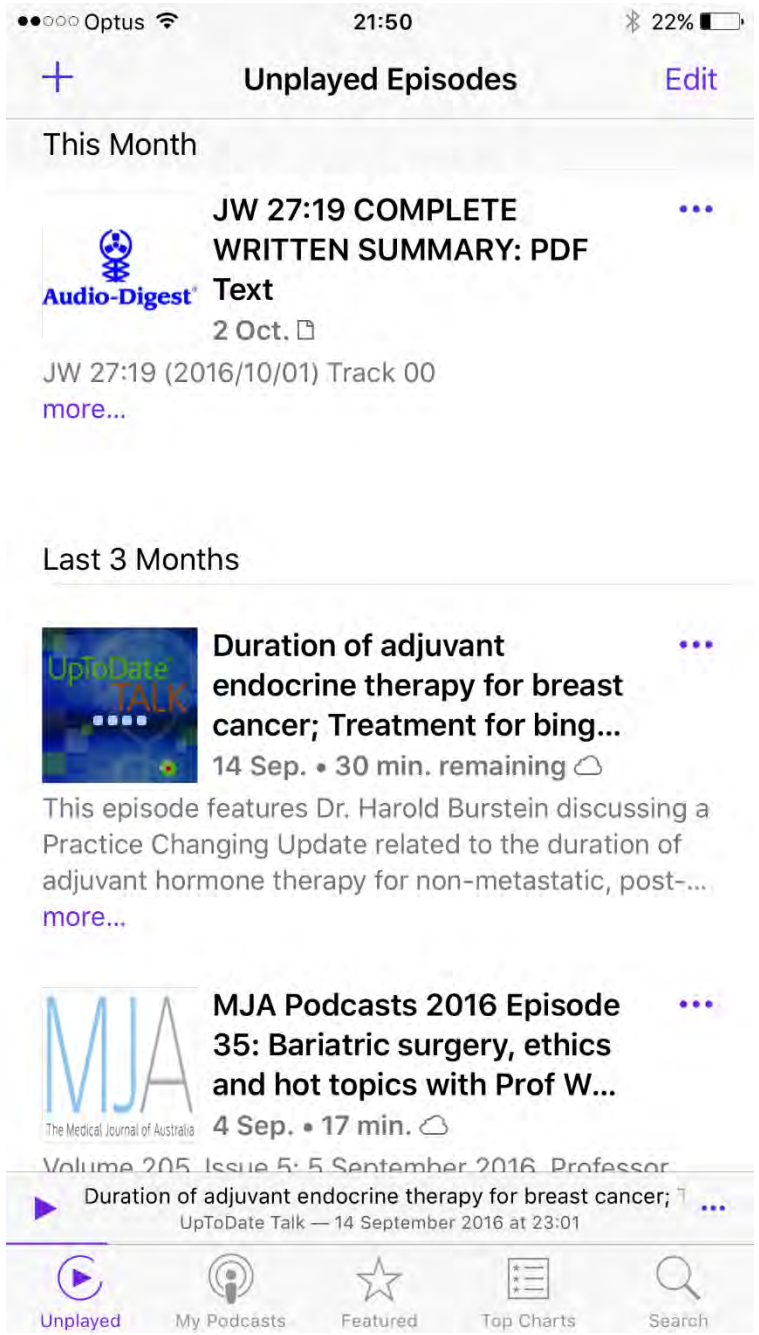
Optus 21:50 22%
Unplayed Episodes
Edit
This Month
JW 27:19 COMPLETE WRITTEN SUMMARY: PDF Text
2 Oct.
JW 27:19 (2016/10/01) Track 00
more...
Last 3 Months
Duration of adjuvant endocrine therapy for breast cancer; Treatment for bing...
14 Sep. • 30 min. remaining
This episode features Dr. Harold Burstein 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
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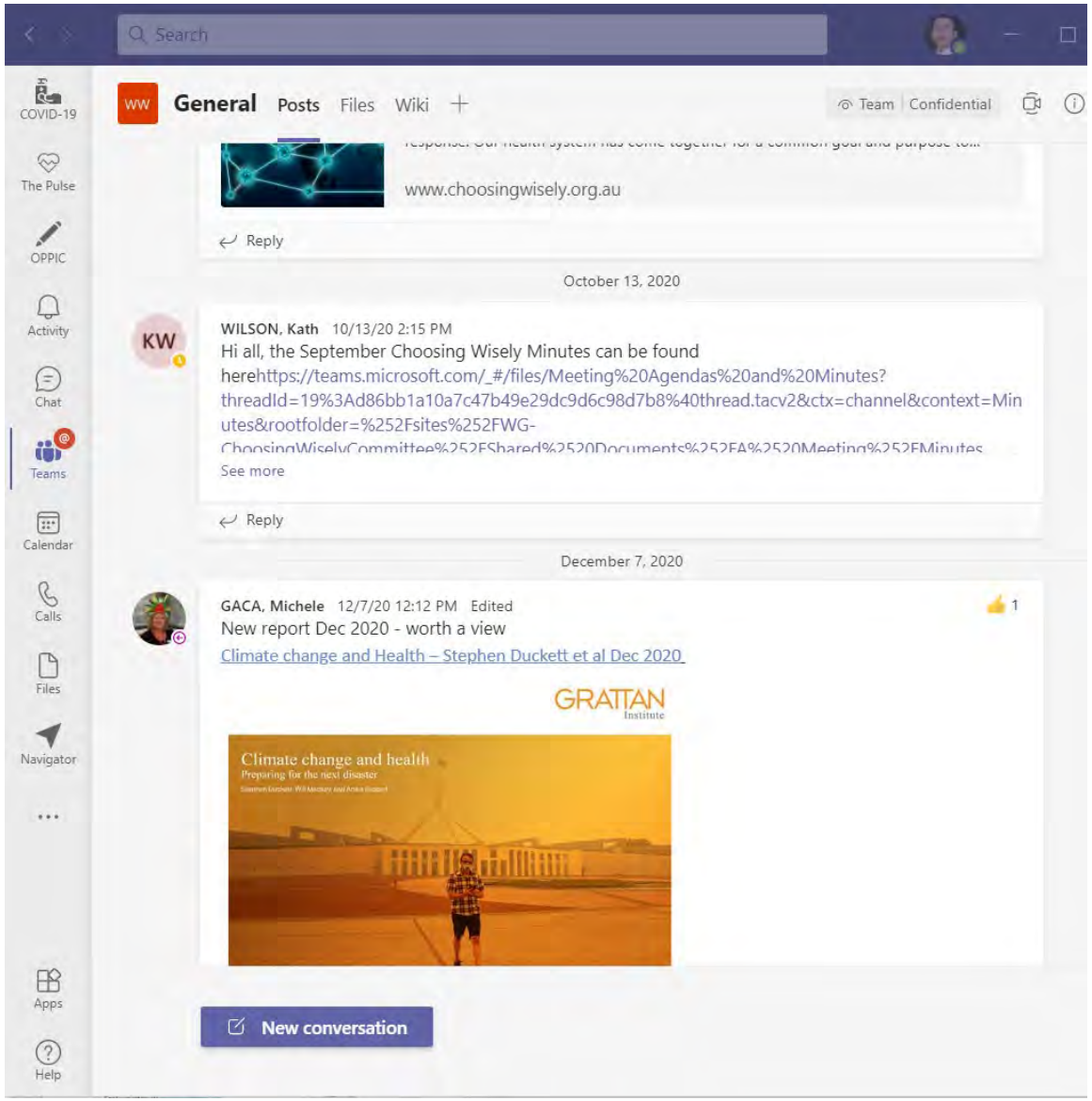
Austin Healthcasts

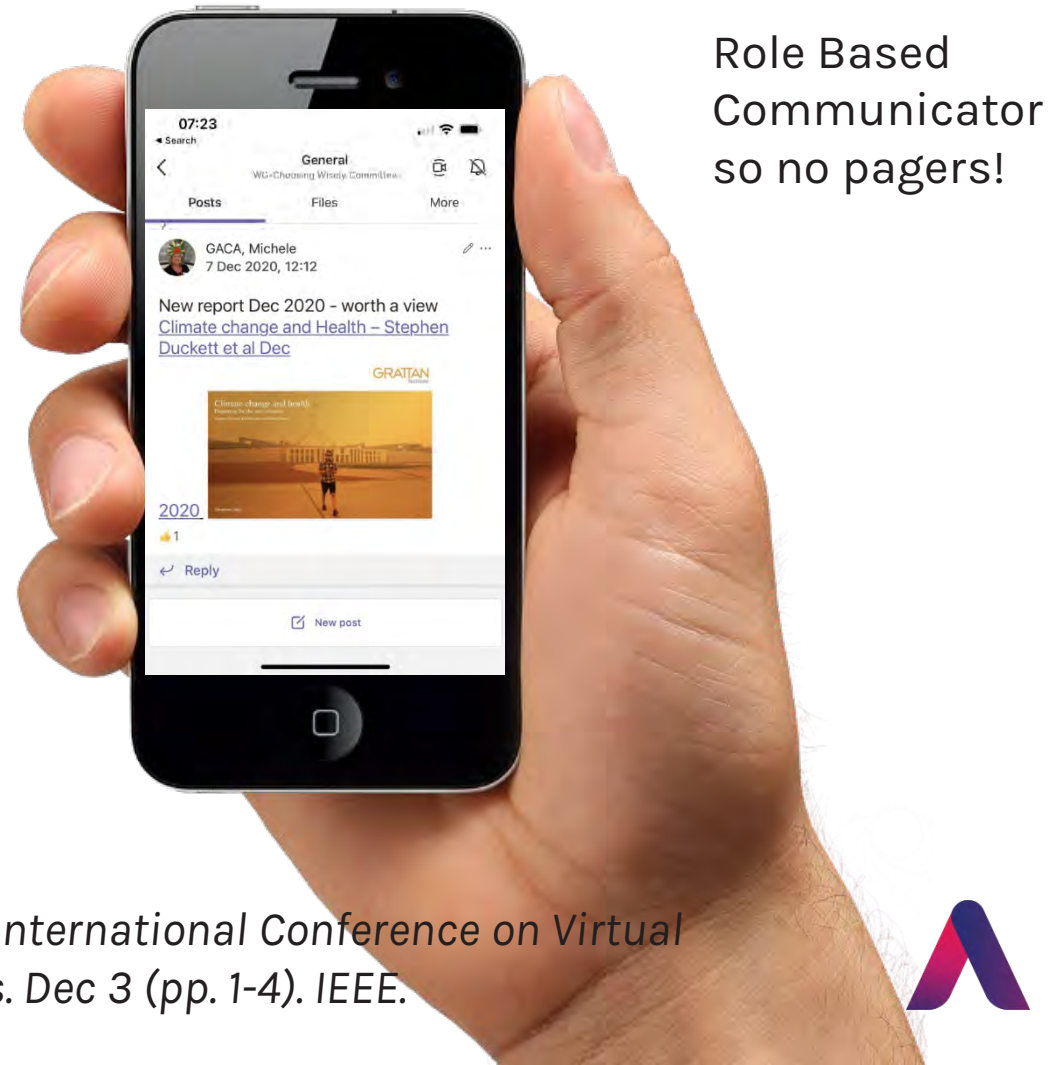
Intern and HMO podcasts

Purple Pens pharmacy podcasts

Linking with **Corporate Communications**

The Opportunity with Microsoft Teams





Role Based Communicator so no pagers!

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


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

Research at Austin

Over 800 researchers & post-grad students

$73M/year research funding

World class researchers

- Affiliated with 13 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

Austin HEALTH

Getting started at Austin Health

Clinical eResources Checklist

1

- Register with Austin Library
- Sign up for Clinicians Health Channel

2 Set up point of care apps

UpToDate

BMJ Best Practice

Comorbidities

Register for an account before downloading the app

3 ...and drug info

MIMS 100% pure knowledge

AMH Australian Medicines Handbook

Access via the Library Hub or CHC website

4 Get your guidelines and procedures

eTG complete by Therapeutic Guidelines

Lippincott Procedures

5 Keep up with the latest research

BrowZine

Read by QxMD

www.austin.org.au/clinicalapps

Fundamentals and Advanced Research Methods

Austin HEALTH | Library

Are you undertaking a research project, systematic or similar-type review?

Refresh or upgrade your searching skills

Book in for a 1-hour webinar to:

- Develop a search strategy
- Use search techniques
- Understand subject headings and keywords
- Test and revise the search

Austin HEALTH

Innovative Education Programs

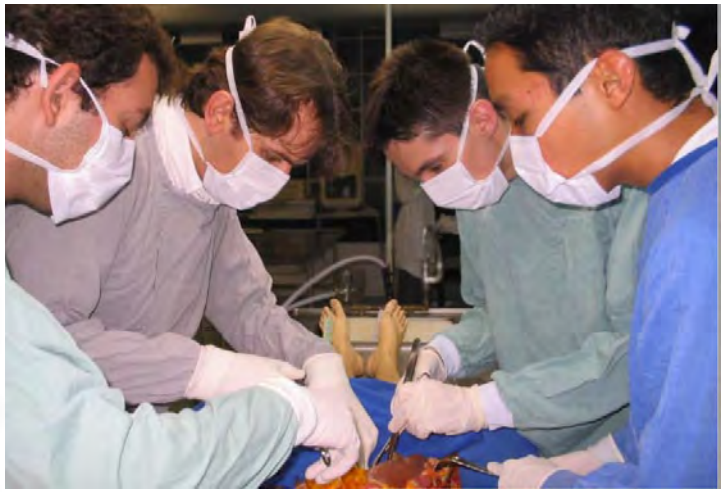
THE UNIVERSITY OF MELBOURNE

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 (Weekly, April - November) Official protected teaching time for SET Trainees based at Austin	Howard Eddey Library Level 8 LTB
WEDNESDAY	0700 - 0730 0730 - 0830	Light Breakfast SURGICAL FORUM INVITED LECTURES (Weekly, February - July) ANNUAL AUDTS (Weekly, July - November)	Lecture Theatre Level 8 LTB
THURSDAY	0700 - 0730 0730 - 0830	Light Breakfast SURGICAL UNIT WEEKLY AUDIT (Weekly, February - December)	Lecture Theatre Level 8 LTB
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 - 1500	RACS / GSA Simulation Workshops (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

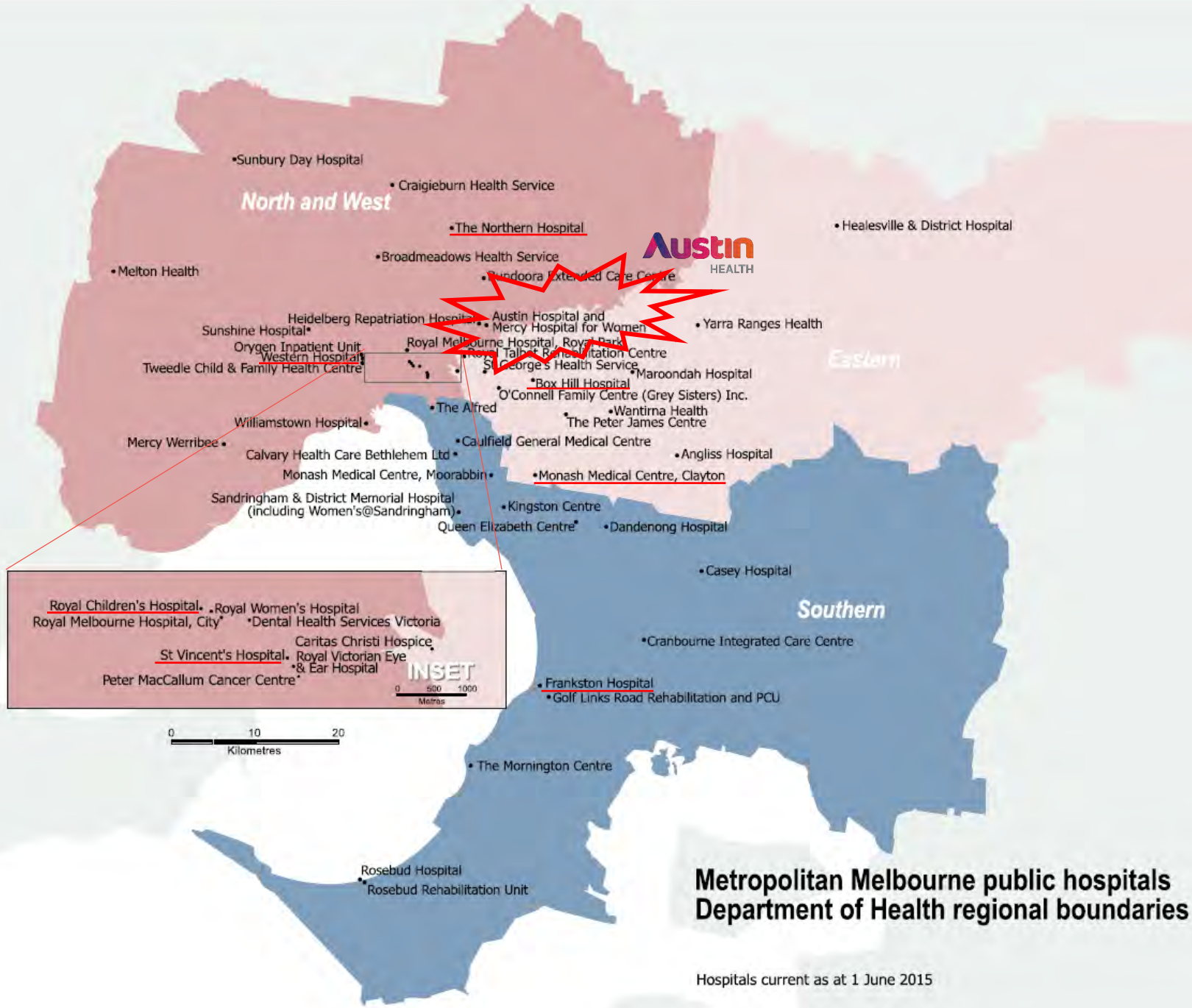
Supporting **evidence-based care, shared decision making** and **clinician and consumer education**

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

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?

Choosing Wisely Australia
An initiative of NPS MedicineWise

BETTER CARE VICTORIA

Austin Health

Ask an Informationist

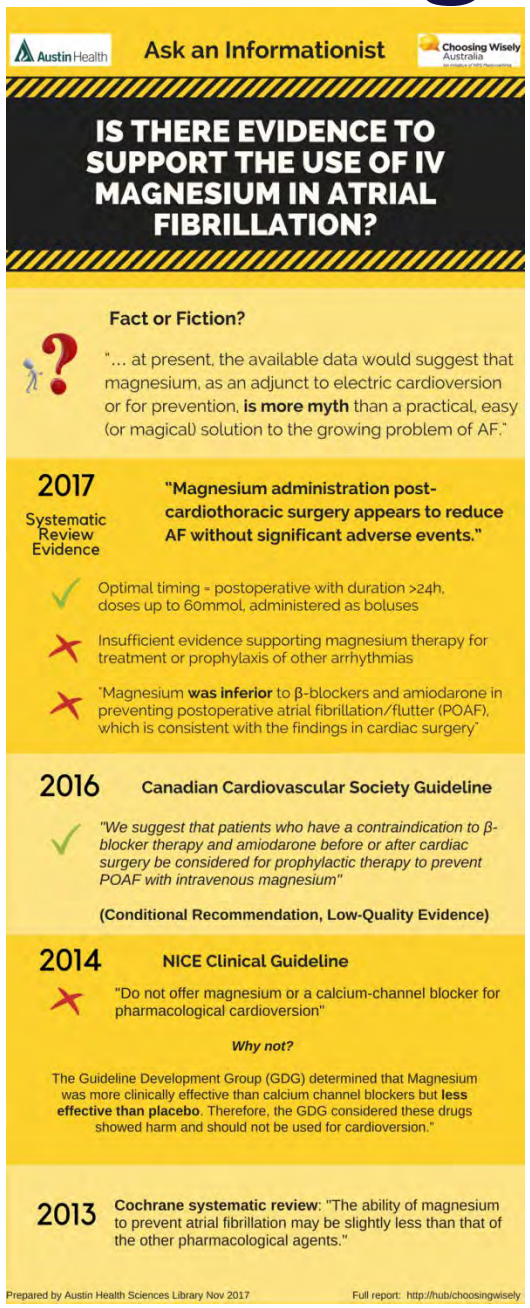
Choosing Wisely Australia
An initiative of NPS MedicineWise

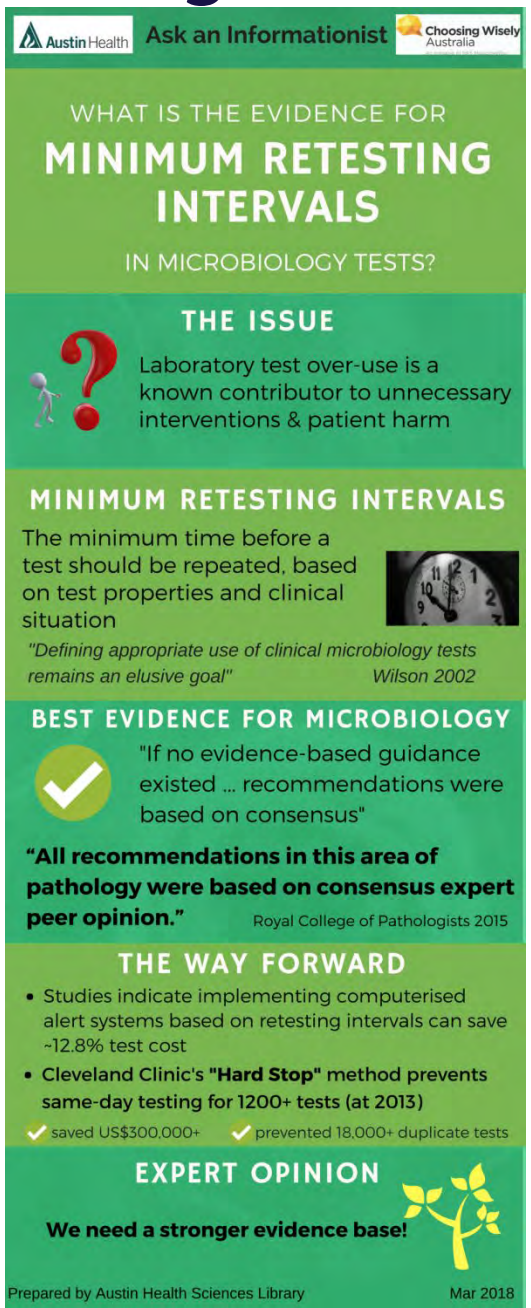
IS THERE EVIDENCE TO SUPPORT THE USE OF IV MAGNESIUM IN ATRIAL FIBRILLATION?

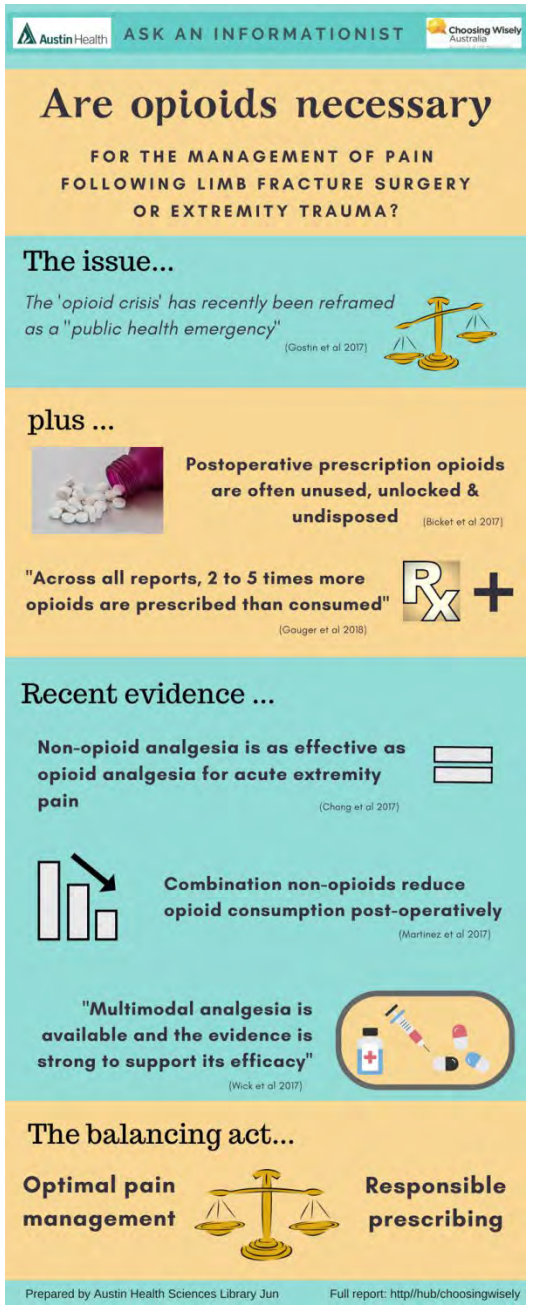
Fact or Fiction?

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

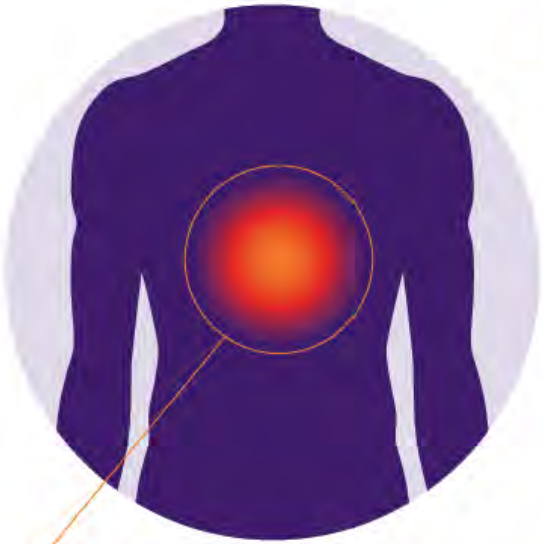
Choosing Wisely – Ask an Informationist







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)

Ask your doctor to review your medicines

For more information visit
nps.org.au/heartburn-and-reflux

Always speak to your health professional before making changes to your medicines.

* Refers specifically to prescription proton pump inhibitors.

† For 2013-14 financial year.

‡ The full list of the top 10 subsidised drugs for the 2013-14 financial year can be found at www.australianprescriber.com/magazine/37/6/artid/1543

Based on an adult, non-concession card holder taking a daily dose of a PBS subsidised proton pump inhibitor (e.g. esomeprazole 30 doses per packet at a cost of $37.70 each packet).

NPS MEDICINEWISE
Independent. Not-for-profit. Evidence based.
NPS MedicineWise is funded by the Australian Government Department of Health.

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

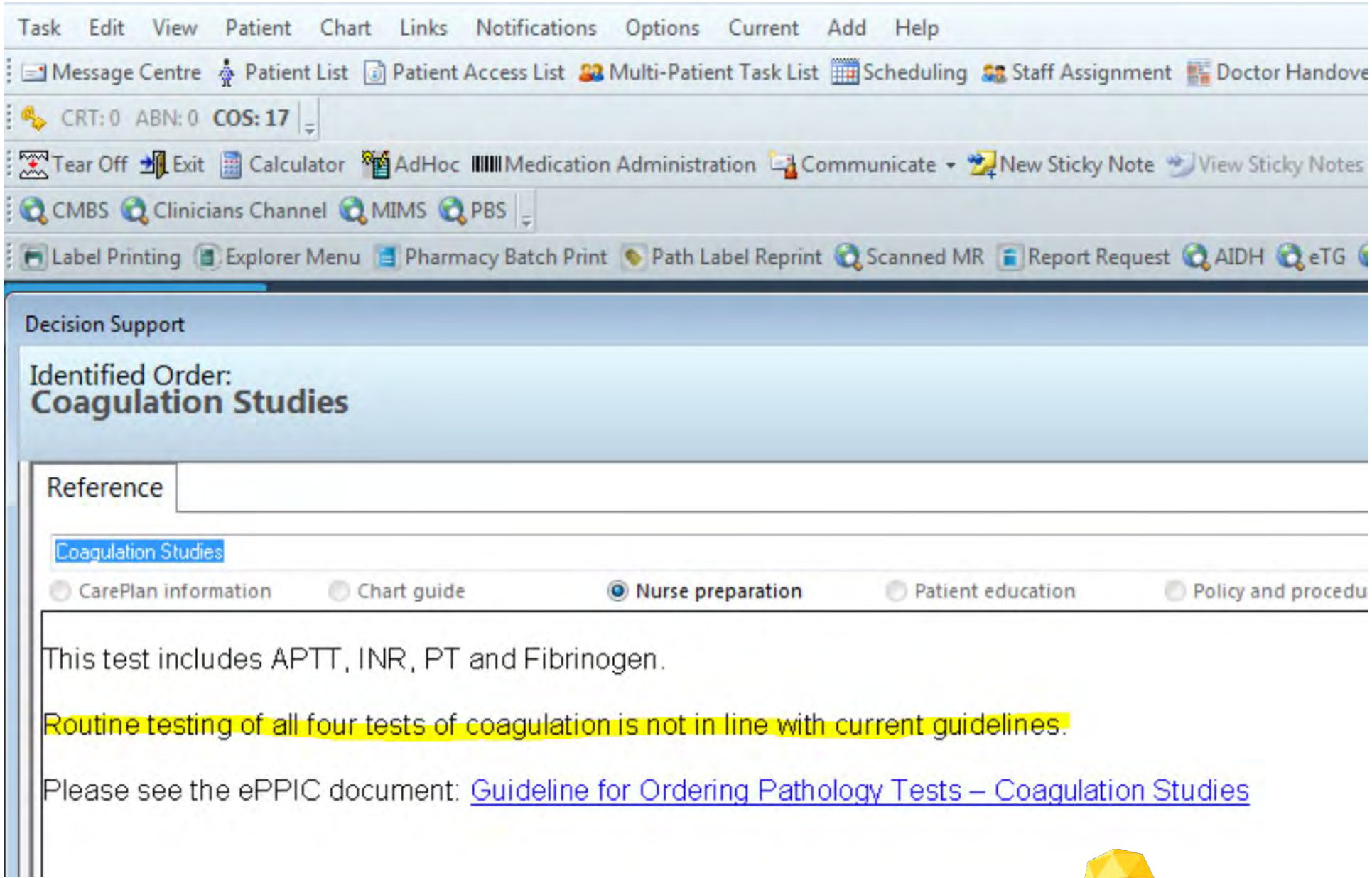
OR

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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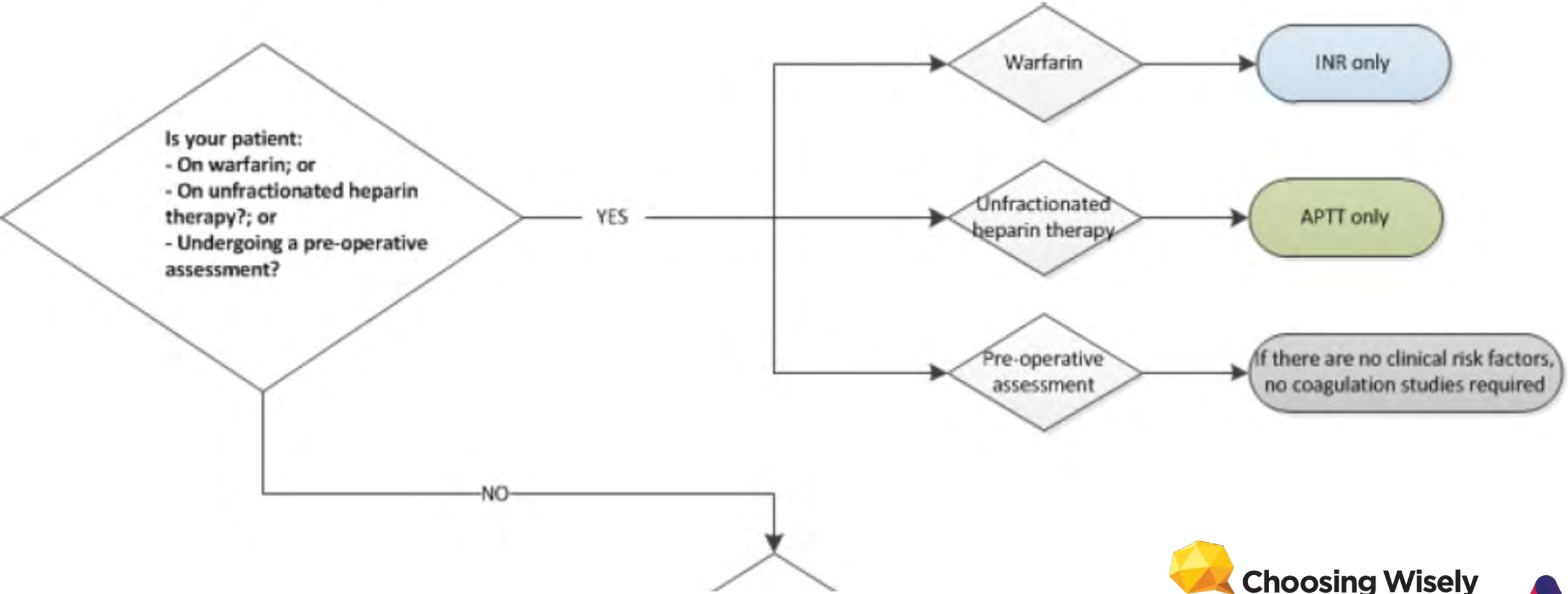
Education with decision support...

ations flowchart for Coagulation Studies monitoring



Choosing Wisely Australia
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

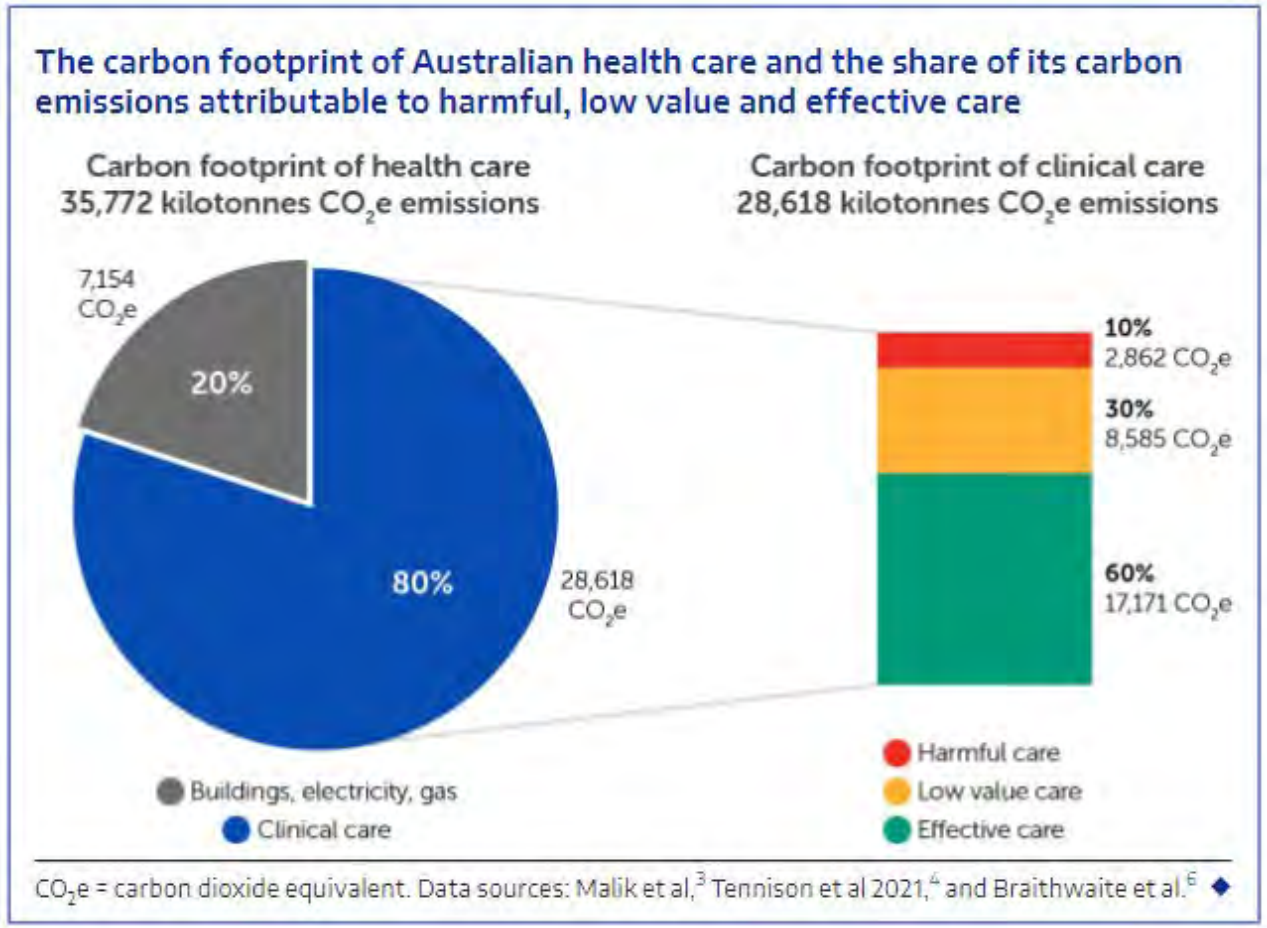
Abstract

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

Choosing Wisely to Combat Climate Change!



- **Sustainability Steering Committee** chaired by Austin CEO
- **HMO and Indigenous member**
- Includes **evidence based education package** relevant to your **daily clinical practice**

WISER HEALTHCARE
A RESEARCH COLLABORATION FOR REDUCING OVERDIAGNOSIS AND OVERTREATMENT

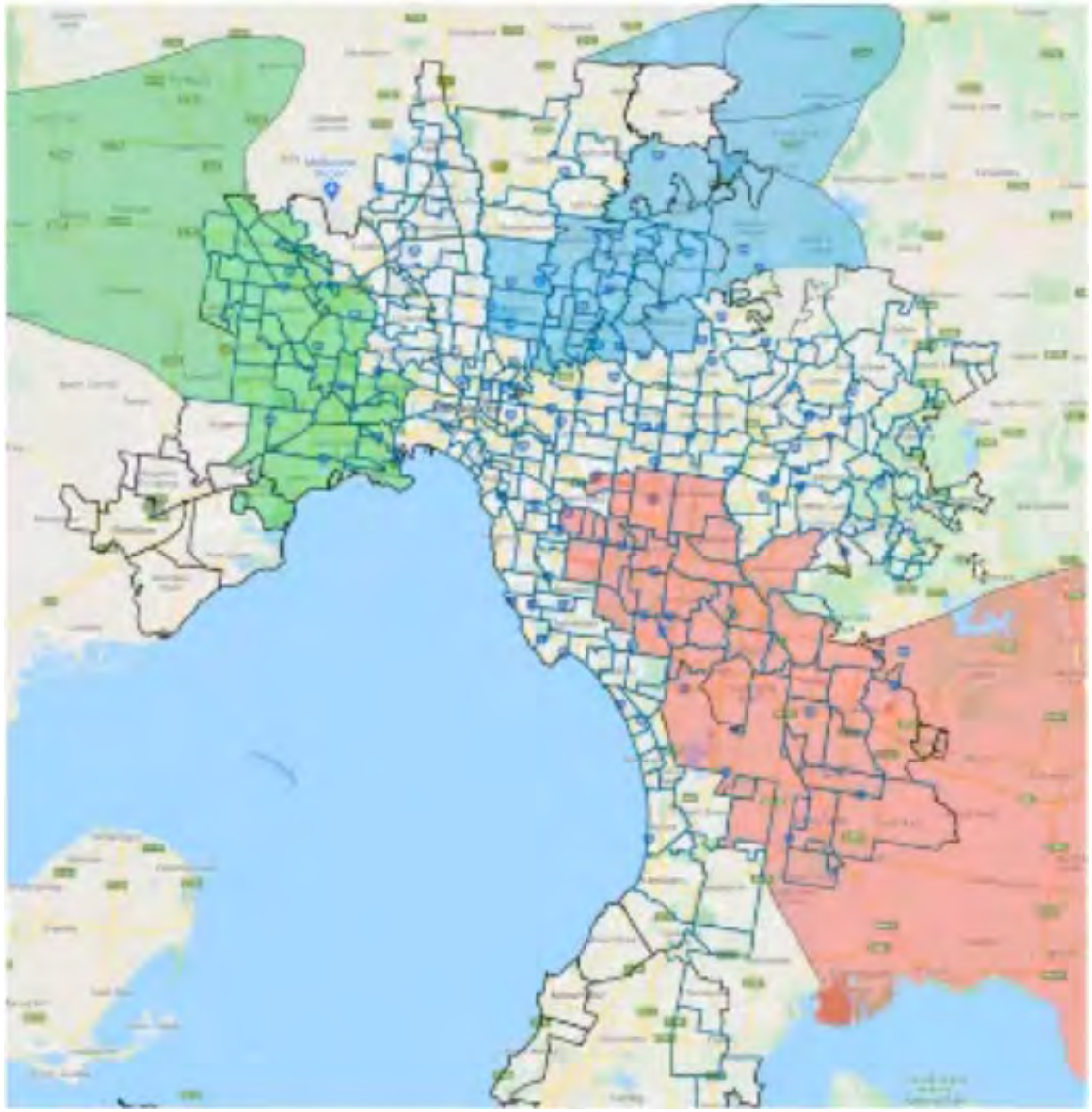
Wiser Carbon Neutral

We aim to develop an evidence base that can assist clinicians and policy makers to safely decarbonise healthcare, while maintaining high quality patient care.

Choosing Wisely Australia
An initiative of NPS MedicineWise

Barrett et al, MJA 2021
Slide courtesy of Dr Angie Bone, Deputy Chief Medical Officer, Victoria

Clinical Education opportunities with the new Public Health Units



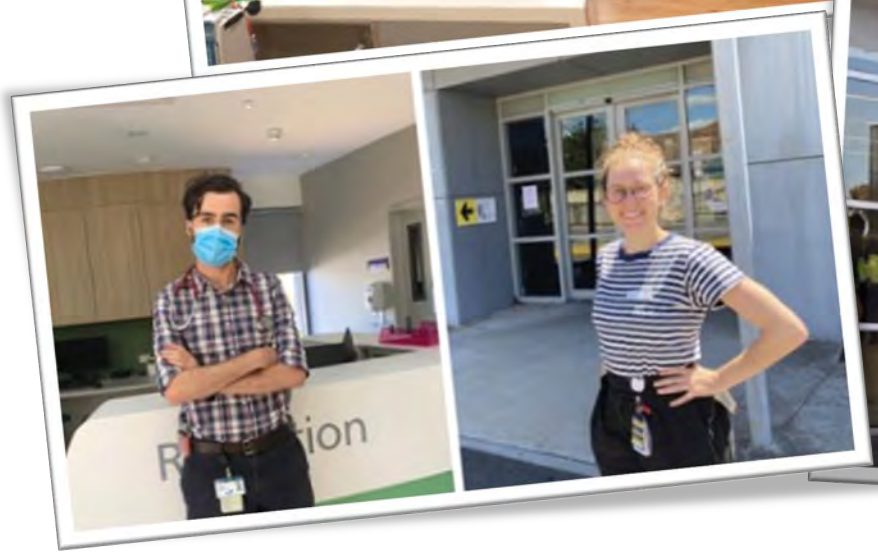
North-East PHU

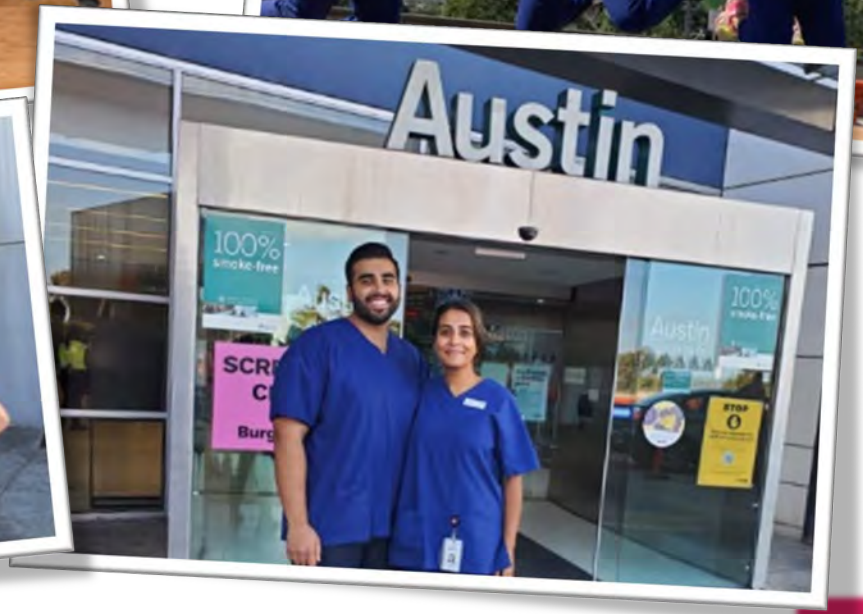
Southern PHU

Western PHU

VICTORIA State Government | Health and Human Services

Why Austin? Talk to our clinicians!





Summary Video (SW)


Austin

Austin HMO Society

Tyson Walters, 2023 President

What does the HMO society do?

- Advocacy

✓ *Make positive changes to work practices and environment*

✓ *Work with Senior Medical Staff and Medical Workforce*

✓ *Junior Medical Advisory Forum*

- Run social events throughout the year

- Provide food and bubble tea

- Maintain facilities such as lockers and ressies

Food and Bubble Tea

What does the HMO society do?

- Advocacy

✓ *Make positive changes to work practices and environment*

✓ *Work with Senior Medical Staff and Medical Workforce*

✓ *Junior Medical Advisory Forum*

- Run social events throughout the year

- Provide food and bubble tea

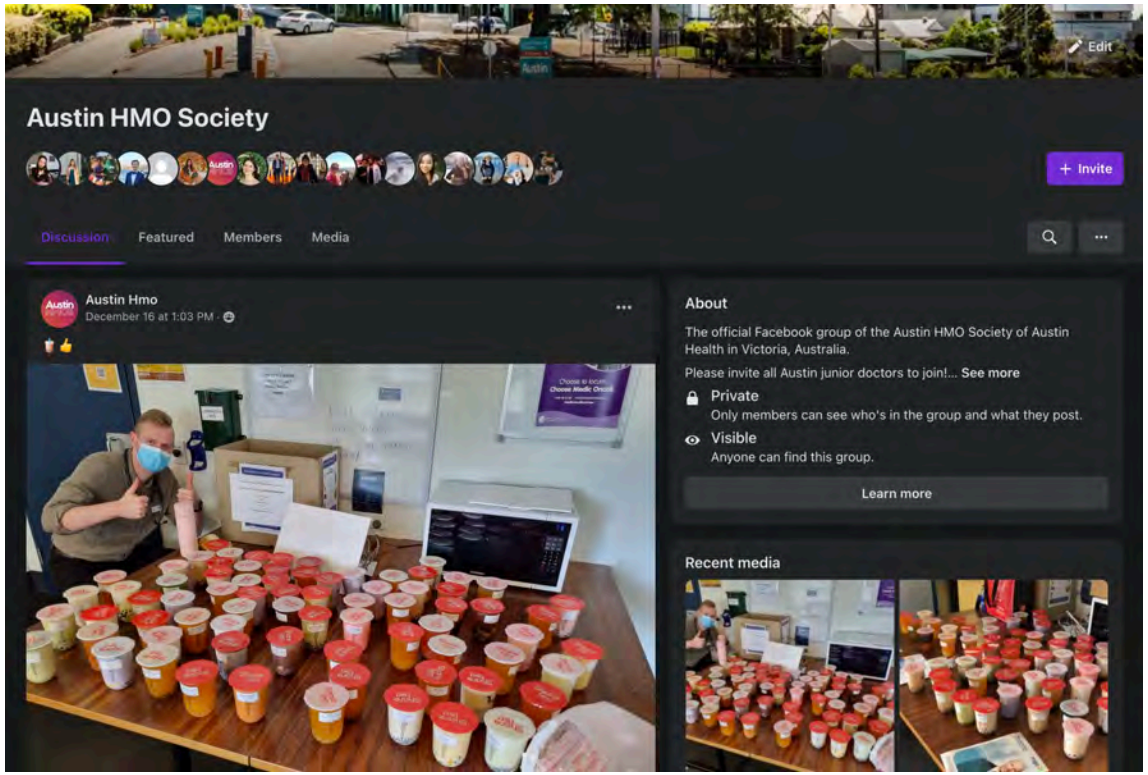
- Maintain facilities such as lockers and ressies

Social Events

- Annual Ball
- End of rotation drinks
- Inter – hospital sporting events (work in progress)

Connect with us

- Facebook group: **Austin HMO Society**



Looking forward to seeing you next year!

Email Tyson.walters@austin.org.au

2024 Internship at Austin Health

Sarah Rickman, Supervisor of Intern Training

Why become an Austin Intern?

- Part of our team of 65

- Supported by:
  - ✓ Engaged MWU
  - ✓ Supervisor of Intern Training (Dr Sarah Rickman)
  - ✓ Medical Education Officer (Ms Pauline Dib)
  - ✓ Other education staff
  - ✓ HMO Supervisor, Speciality Supervisors, Clinical Education Unit

What do we offer?

- Orientation
  - Information and welcome prior to commencement
  - 5 day orientation program
    - Focus on work readiness
    - Shadowing
- Support
  - Medical Education Officer
    - Mentor program
  - Supervisor of Intern Training
    - 1:1 interviews with EVERY intern across the year

What do we offer?

- Intern Education program
  - Weekly, protected time
  - Broad range of topics with engaged clinical speakers
  - Opportunity to build networks and connections
  - Ad hoc workshops (eg. Plaster)
- Access and monitoring of theatre attendances

What do we offer?

- Good engagement with units and Term Supervisors
  - Network to share ideas
  - We are building our feedback and supervisor support resources
- Within units:
  - Local orientation
  - Resources and handbooks
  - Regular feedback (incl mandatory assessments)

Continuous improvement

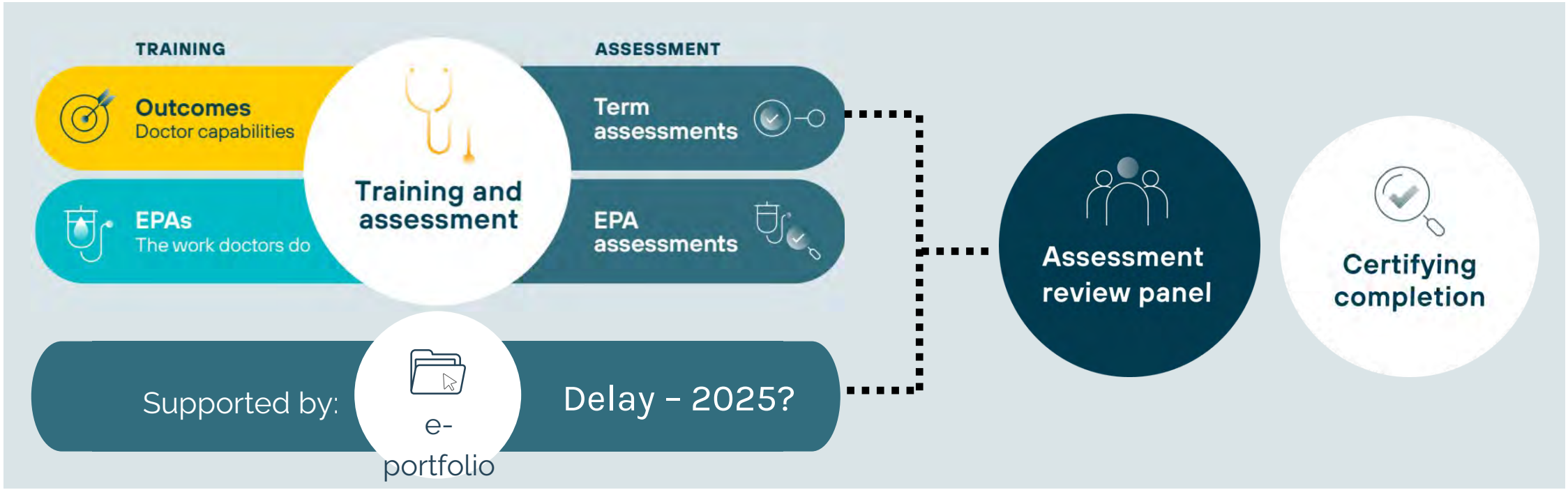
- Regular adjustments made to all part of program in response to feedback
- This will continue to maximise your experience

The New Framework

- It is happening
- It is significant
- It is new for everyone

So we will all be in it together

- Longitudinal and competency based approach


TRAINING
ASSESSMENT
Outcomes
Doctor capabilities
EPAs
The work doctors do
Training and assessment
Term assessments
EPA assessments
Supported by:
e-portfolio
Delay – 2025?
Assessment review panel
Certifying completion

Your year

A. Undifferentiated illness

B. Chronic illness

C. Acute and critical illness

D. Peri-operative/ procedural

- Core competencies rather than core terms
- Focus on breadth of experience
- 5 terms in 2024
- Longitudinal assessment progressing tracking across the year

- Terms still being decided

	PGY1	PGY2
Length	Minimum 47 weeks	Minimum 47 weeks
Structure	Minimum of 4 terms (of at least 10 weeks)	Minimum of 3 terms (of at least 10 weeks)
Specialties	Maximum 50% any specialty and 25% subspecialty	Maximum 25% subspecialty in a year
Embedded in clinical teams	At least 50% of the year	At least 50% of the year
Service terms - relief and nights	Maximum 20% of the year	Maximum 25% of the year
Program content - Clinical experiences	A. Undifferentiated illness B. Chronic illness C. Acute and critical illness D. Peri-operative/ procedural	A. Undifferentiated illness B. Chronic illness C. Acute and critical illness

Entrustable Professional Activities

EPA1 Clinical assessment

EPA2 Recognition and care of the acutely unwell

EPA3 Prescribing

EPA4 Team communication - documentation, handover, referrals

- 10 per year
- Will be introduced in 2024
- Full introduction 2025
- New for all
- Education will be provided

Questions?

Aboriginal Employment at Austin Health

A/Prof Chris Leung

Austin HEALTH

As part of our Innovate Reconciliation Action Plan, our vision for reconciliation is one where all Aboriginal and and Torres Strait Islander Peoples have access to just, equitable and culturally safe healthcare.

We are committed to increasing and supporting Aboriginal employment and ensuring that our Aboriginal staff are provided with opportunities to thrive and succeed in their chosen careers at Austin Health.

There are many benefits for working with us:

- Connection to our Ngarra Jarra Aboriginal Health Program team.
- Opportunities to be involved in work being done around our commitment to reconciliation and Aboriginal employment, including Closing the Gap Committee and Reconciliation Action Plan Working Group.
- Support and connection with our Aboriginal and Torres Strait Islander staff network.
- Celebration and recognition of significant annual cultural events such as Reconciliation Week, NAIDOC week, National Aboriginal and Torres Strait Islander Children's Day, as well as access to cultural and ceremonial leave.

To read more about visit: **https://www.austin.org.au/aboriginal-careers/**

For further information or support please contact: **AboriginalCareers@austin.org.au**

** Please note that the term Aboriginal will be used throughout this presentation to refer to both Aboriginal and Torres Strait Islander Peoples*

Internship Application Process

Helen Pitman, Acting Director Medical Workforce Unit

What is the Application Process?

- Applications ***open*** **Monday, 8 May 2023**
- Applications ***close*** **Thursday, 8 June 2023**
- Apply online via **PMCV**

PMCV Requirements:

- Completion of online CV Form
- Nominate two clinical referees
- Record Video interviews (12 June to 16 June)

- Apply to Austin Health directly via Medical Careers Page

Austin Requirements

Cover Letter and Curriculum Vitae (CV)
Non-clinical Reference (x1)
Photo

Intern positions - 2024

- 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 2024; the final allocation is determined by the PMCV
  - In 2023, all 65 positions were filled by Group 1 candidates

What happens from there:

- Short listing process undertaken - (19 June 2023 - 30 June 2023).
  - 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 (3/4 July 2023).
- Round 1 Offers – Priority Group 1 – 17-21 July 2023 – actual date still to be confirmed

Weighting of assessment criteria:

Scoring Shortlisting /Interview Assessment	Scoring Selection/Ranking
• Cover letter (35%) • Curriculum Vitae (15%) • Non-Clinical Reference (15%) • Clinical References (35%)	• Application score: 60% o 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. Emma Saggese and Ms Christine Keating,

  MWU Coordinators, 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*

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,

  -Preferred if you have worked clinically with you rather than an academic supervisor

- The references can come from one specialty or more than one specialty – make sure two respond to the request for a reference.

Non-clinical Reference

- You need to submit **ONE** written non-clinical reference with your application to Austin Health.
- Please do not submit this person's contact details, but their actual written reference as part of your application.
- 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.

Further Information & Contact

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

Why Austin? Talk to our Senior Medical Staff and current HMOs!

Why Austin? Talk to our SMS!

Medical Education – A/Prof Chris Leung

Emergency Medicine –Dr Jocelyn Howell

Intensive Care – Dr Caleb Fisher

General Medicine – A/Prof Nick Jones

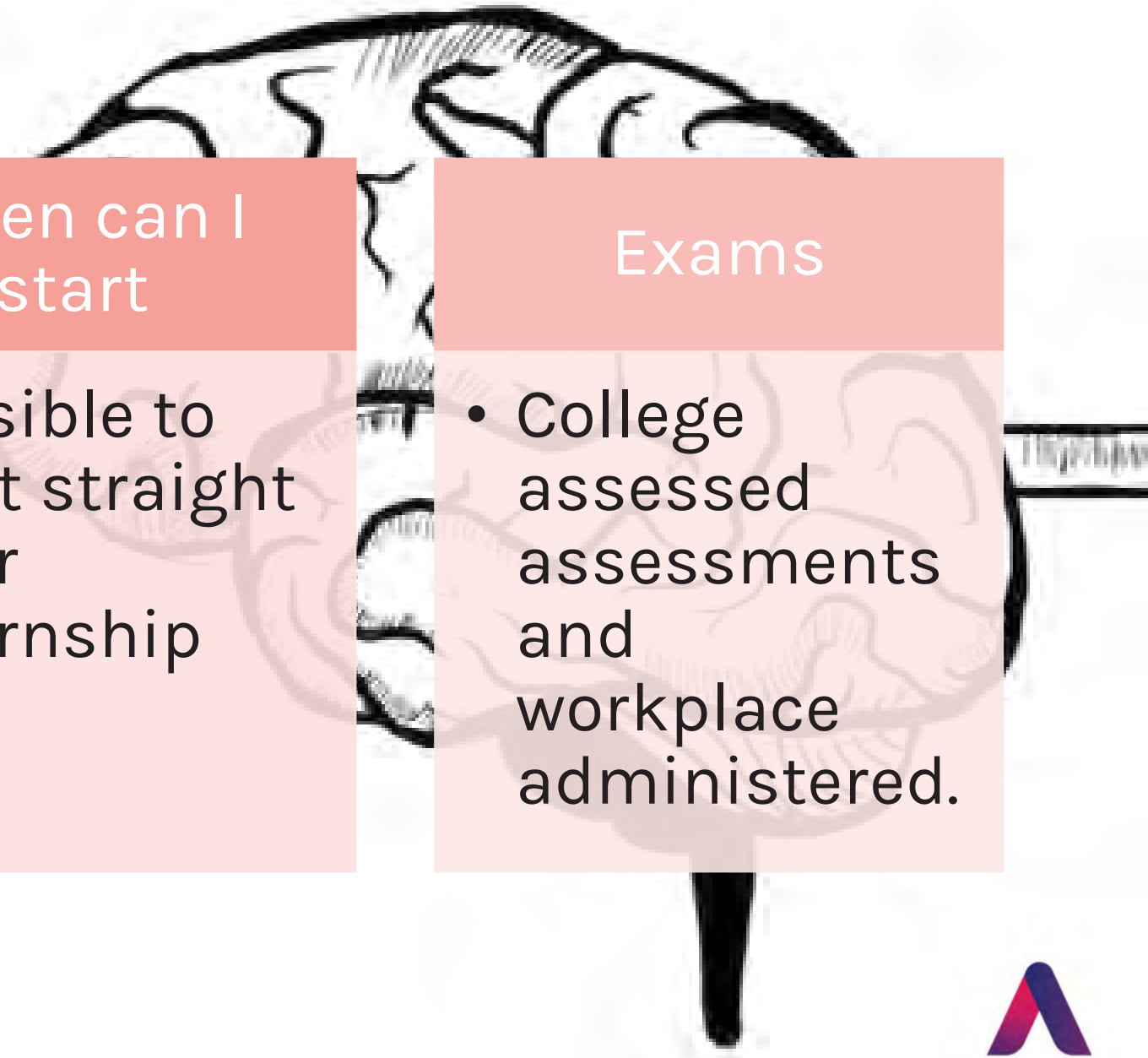
General Surgery – Mr David Proud/ Mr Sean Stevens

Psychiatry – Dr Benjamin Newham

Aged Care – Prof Michael Murray

Psychiatry Training

Duration	When can I start	Exams
• 5-years	• Possible to start straight after internship	• College assessed assessments and workplace administered.

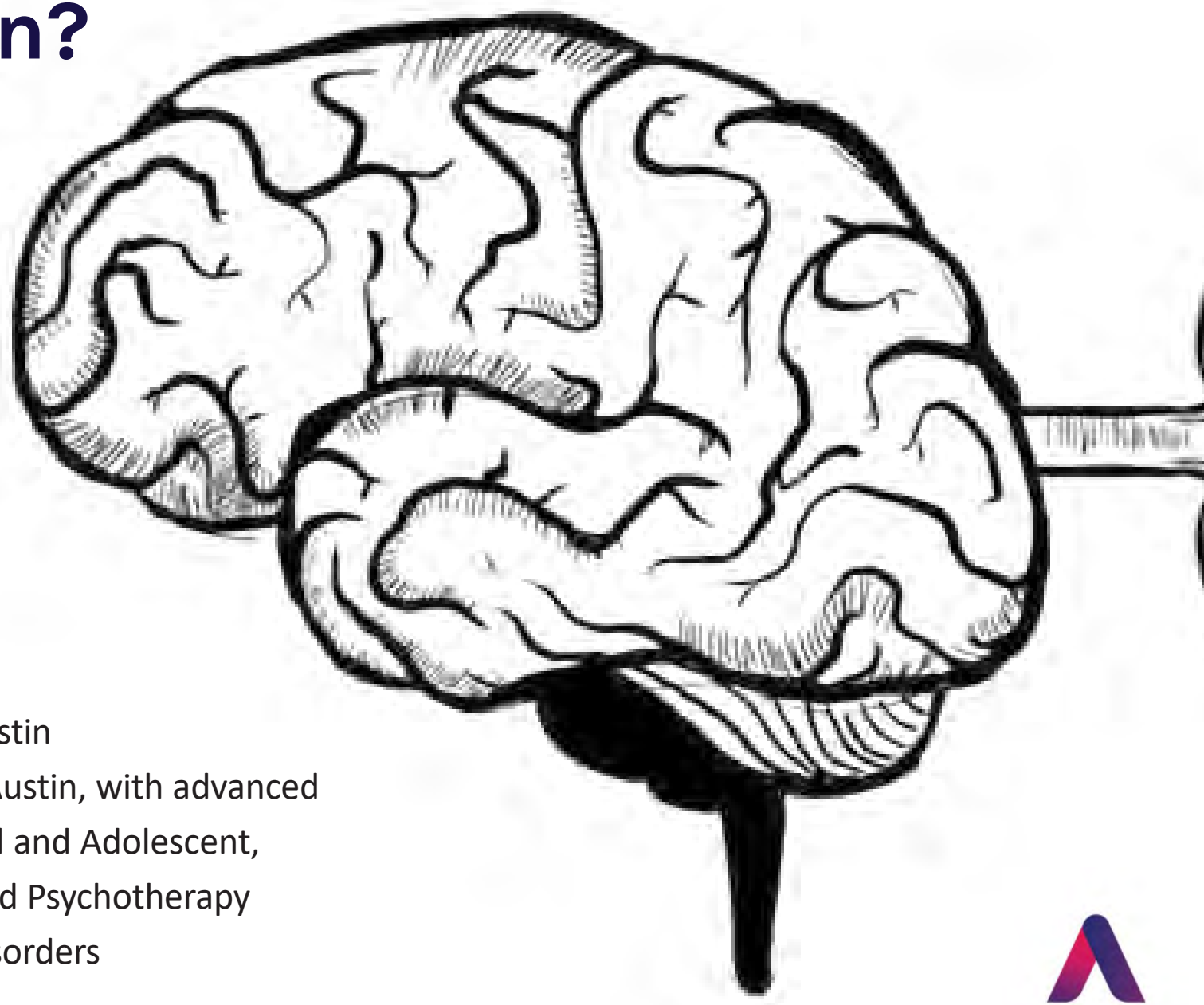


Why Psychiatry?

- Studying the mind
- Therapy
- Workplace Culture
- Career pathway/opportunities
- Royal Commission

Why at the Austin?

- Intern rotations
  - 3 APU rotations
  - Eating Disorders/ Parent Infant Program
  - PAPU
- HMO rotations
  - Adolescent Unit
  - Ward 17 (PTSD ward)
  - ADAS (Austin Drug and Alcohol Unit)
  - Brain Disorders Unit
  - Consultation Liaison
- Registrar rotations
  - Currently 55 registrar positions at the Austin
  - Can complete all of your training at the Austin, with advanced training options in Adult, Addiction, Child and Adolescent, Consultation Liaison, Neuropsychiatry and Psychotherapy
  - State-wide services in PTSD and Brain Disorders



Why Austin? Talk to our HMOs

Dr Maria Hormiz – Elizabeth Austin Registrar

Dr Lauren Robinson – Intern

Dr Felix Wang – Intern

Dr Nathan Nadanasabesan – General HMO

Dr Zoe Williams – General HMO

Dr Jankesh Gill – General HMO

Dr Tyson Walters – Medical HMO

Dr Nishee Nattraj – Medical HMO

Dr Shan Xing – Medical HMO

Dr Rama Mikhail – Surgical HMO

Dr Seraphina Choong – Surgical HMO

Dr Abdullah Al-Khanaty – Surgical HMO