



Health
South Eastern Sydney
Local Health District

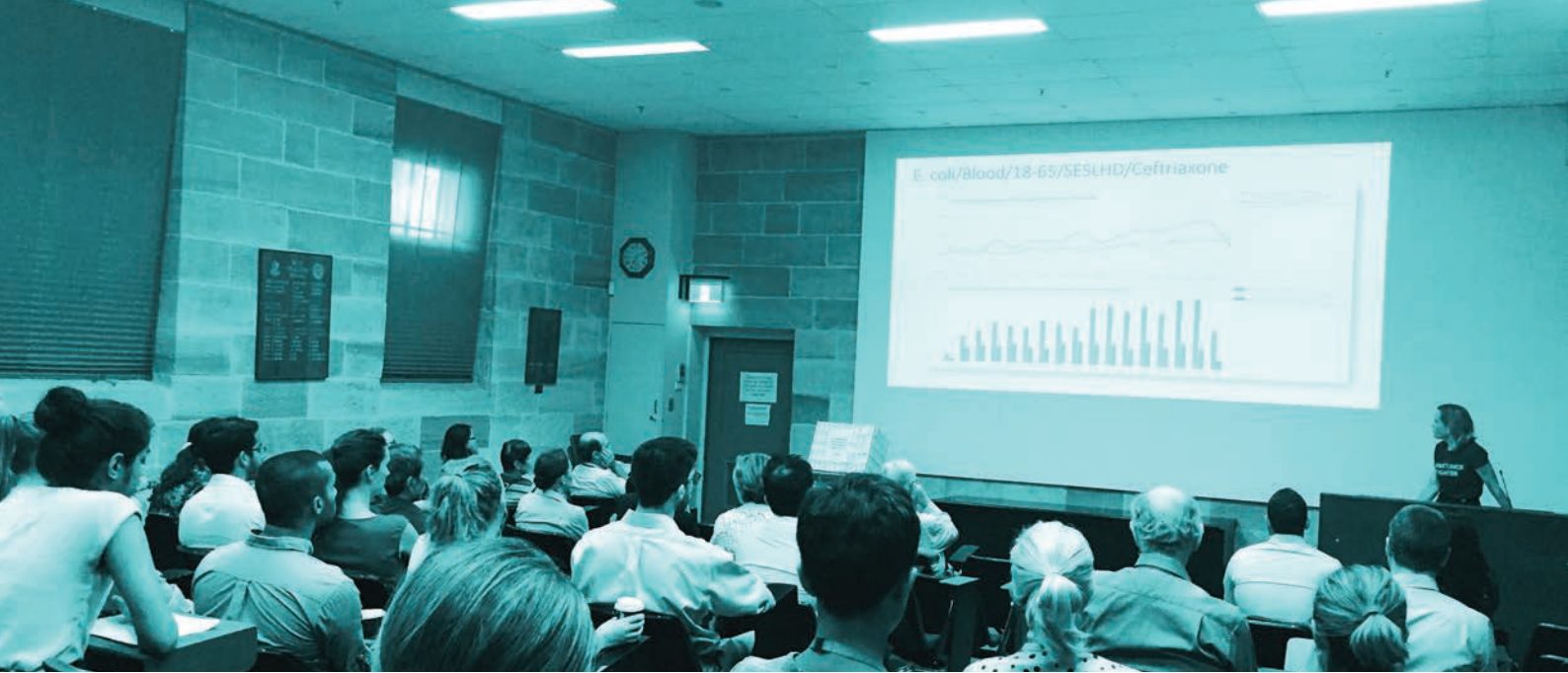


THE PRINCE OF WALES HOSPITAL
**EDUCATION
REPORT 2016**

*Learning together for
excellence in health care*



Prince of Wales Hospital &
Community Health Services



Dear Colleagues,

It gives us great pleasure to present this Education Report from the new POWH Medical Education Unit. This Report is an attempt to share some of the education activities undertaken across Prince of Wales Hospital and Community Health Service (POWH & CHS) and to celebrate the incredible diversity of educational and training achievements. Education is a pillar of service at POWH & CHS and we hope that this report will go some way towards consolidating our identity as a premier institution for teaching and learning.

We acknowledge gratefully the contributions from all individuals, departments and programs, and of course, to our patients and community who contribute to education and training. We have endeavoured to be as inclusive as possible, however, we realise that this report only contains a small percentage of all activities. We hope to produce this report regularly, and encourage you to keep a record of all educational activities for future submission.

We have also included some of the publications and presentations from various departments, to inspire and reiterate the importance of educating our staff about research. It is probable that there will be a separate Research report in the future.

We acknowledge the support of the POW Hospital Foundation for providing us with an Education Grant to produce this report.

Thank you for your ongoing dedication to teaching and learning.



Annmarie Bosco
Editor, Advisor
POWH Medical Education Unit



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POWH EDUCATION STRATEGY WORKING GROUP REPORT

Our working group comprised of representatives from Nursing, Physiotherapy, Pharmacy, Social Work, Simulation and Medicine. We met approximately 3-4 monthly during 2016 to discuss our educational priorities and identified areas for collaboration.

Our discussions identified 4 main focus areas:

Culture

Infrastructure

Curriculum

People

We identified a vision of “Learning together for excellence in health care”, which recognises the importance of interdisciplinary learning which underpins our performance as health care providers.

Culture

We advocate for Education to be named as a pillar of service of our institution, alongside research and health care provision. We strive to be a world-class educational institution for health care staff. We would like all our staff, patients and community to be aware of the importance of ongoing education, and to participate actively in this process.

Infrastructure

We proposed the concept of an Interdisciplinary Learning Centre for students of all disciplines and for staff. Currently, allied health and nursing students do not have a dedicated learning area on the hospital grounds. Furthermore, there is little study space or space for small group discussions. We contributed to the Randwick Campus Redevelopment Plan Education Facilities and are involved in ongoing discussions.

Curriculum

We identified potential areas for learning that apply to all disciplines including public & global health and education in Research Skills. We discussed increasing interdisciplinary education and the need for a sustainable professional development program centred on well-being and resilience in the workplace.

People

We support ongoing collaboration around education with POWH's internal and external stakeholders, including universities, colleges, other training institutions, and with healthcare providers in the community. Mirroring the POWH Nursing Education and Research Unit, the POWH Medical Education Unit was proposed in 2016 as a move to bring together the Education Support officers from various programs, enabling more guidance for ESOs, and allowing support for programs without ESOs.

GLENN McENALLAY SIMULATION AND LEARNING CENTRE

IN 2016, THE SIMULATION
CENTRE ACCOMMODATED
642 SESSIONS

WE SAW
9,254
STAFF AND STUDENTS WALK
THROUGH OUR DOORS TO
ATTEND VARIOUS COURSES RUN
AT THE CENTRE

Some of the courses run at the
Simulation Centre included:

Cannot Intubate Cannot Oxygenate (Meets ANZCA CPD Requirements):

This course enables the specialist to recognise a 'CICO situation' and commit to airway interventions delivered via the anterior surface of the neck (ie infraglottic) aimed at bypassing the obstruction to deliver oxygen.

FONT – Obstetric, maternal and neonatal Emergency Training

This is a Ministry of Health (MoH) mandated (IB2012_042) face to face training required by all midwives and medical staff working in maternity services.

ED physician training in the management of difficult airways: In situ high fidelity simulation carried out in the ward environment, assessing staff reaction to real life emergency code blues involving the actual code blue team on shift. This course was a winner at the recent SESLHD Improvement and Innovation Awards: Category – Patient Safety

ICU crisis management

High fidelity simulation training for ICU physicians in the management of specific ICU crisis scenarios

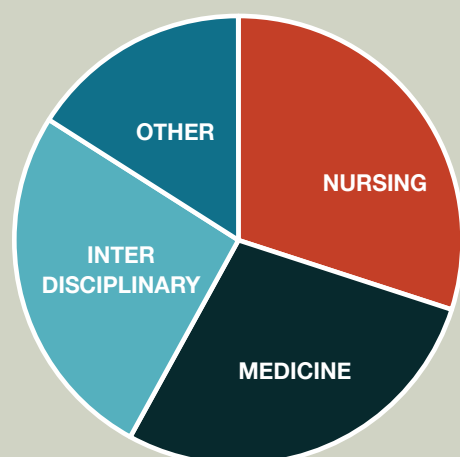
Neonatal Advanced Life Support:

NALS was designed for health care providers whose responsibilities may require them to participate in neonatal resuscitations. The program teaches the knowledge and skills required to resuscitate newborns.



Simulation Critical Care training at the GMSLC

2016 GMSLC User Groups



A vital role of the Prince of Wales Hospital Foundation is providing grants to the Prince of Wales Hospital for priority staff nominated education projects.

In 2016 education grants included:

- Attendance at a program designed for health professionals working in the area of head and neck oncology and ENT inclusive featuring speakers from all over the world
- Attendance at the TAPNA conference and workshop (Toxicology & Poisons Network Australasia) providing insight into the latest development and research in clinical toxicology.
- Attendance at Global Post laryngectomy Cadaver Demonstration Course in Brisbane covering a series of lectures, cadaver demonstrations and patient demonstrations aimed at expanding clinical knowledge of the laryngectomy patient
- Involvement in the GoodLife Program, a 5 day POWH Rehabilitation education program designed to equip rehabilitation clinicians to develop coaching and partnering skills that engage their clients in more personalised rehabilitation, which enables clients to adapt to life's challenges and empowers them to realise their future potential.
- Attendance International Conference for Emergency Nurses in Alice Springs from the 19 to the 21st October 2016
- A mental health specific nicotine addiction and smoking cessation 3 day training course run by A/Prof Renée Bittoun from the Smoking Research Program, Brain & Mind Centre, which aims to teach evidence based smoking cessation techniques in practical application and to improve implementation and evaluation of programs in Smoking Cessation.
- Attendance at the World Confederation of Physical Therapy Congress from the 2nd-4th of July 2017 in Cape Town, South Africa to present two submitted papers
- Attendance at The International Forum on Quality and Safety in Healthcare - one of the world's largest gatherings of healthcare professionals committed to improving patient care and their safety.
- Presentation of an oral presentation at the 7th Biennial Australian and New Zealand Falls Prevention Conference, being held at Melbourne Park Function Centre, from the 27th – 29th November 2016. Title: Concerns of Older People Recruited to an Evidence based Falls Prevention Program "Stepping On" after falling.
- Attendance at the 3rd European Alliance for Innovation International Conference on Internet of Things (IoT) Technologies for HealthCare will be held at Västerås, Sweden on 18th-19th October 2016 to present a full paper presentation to discuss the test-retest and intra-rater reliability of using inertial sensors integrated with the Microsoft Kinect to measure shoulder range-of-motion.
- Production of a Prince of Wales Hospital Education Report. This report will be hard copy and interactive electronic. It will contain educational programs, achievements and opportunities from various disciplines across POWH, and is aiming to promote Staff Education in this major teaching hospital.
- Attendance at the Teenage Cancer Trust, 9th International Conference. 1st Global Adolescent and at Young Adult Cancer Congress, Edinburgh, UK, 5th-7th December 2016 to present a paper.
- One day conference for nurses on care and management of patients with advanced liver disease provided by the Australasian Hepatology Association.
- Attendance at the annual Australian Rehabilitation Nurses' Association, Melbourne 10th & 11th October 2016 presenting a poster on Clinical Risk Chart Review. Rehabilitation patients are at an increased risk of factors for multiple reasons, this poster details a process of reviewing charts and making recommendations to reduce risk.
- In response to a clear need identified by the junior medical officers a 5 module online learning course will be developed covering commonly encountered issues in insulin prescribing, and management of diabetic patients in hospital.
- A Spaced Educational Learning platform, the QStream program, will be used on an ongoing basis and is aimed at assisting doctors in improving knowledge gaps of antimicrobials by targeting change in behaviour in overall prescribing. The program allows for contemporaneous questions delivered to the user, locally, and across NSW hospitals.
- Presenting at ANZSCOS (Australia and New Zealand Spinal Cord Injury Society) A Psychosocial Skills Development Workshop for clinicians working with spinal cord injury using the recently published Emotional Wellbeing Toolkit



The successful recipients from the Prince of Wales Hospital Foundation 2016/17 Grant Round

- Attendance at the Australian & New Zealand Spinal Cord Society Annual Scientific Meeting to be held at the Stamford Grand, Glenelg, Adelaide, Australia, from 16-18 November, 2016.
- Funding to increase clinical ethics decision-making capacity of clinicians at Prince of Wales Hospital, via the development of an electronic education resource which simulates common 'life-like' clinical ethics dilemmas/scenarios.
- Funding for an Australian Resuscitation Council (ARC) Advanced Life Support Instructors course at POWH to enable POWH to provide the internationally recognised ARC accredited training programs on an ongoing basis at our facility.
- Attendance at the National Prevocational Medical Education Forum focussing on issues of workforce wellbeing, and new ideas and current issues in medical education featuring presentations on antibiotic stewardship and resistance, infection prevention and control, mycobacterial diseases, virology, bacteriology; diagnostics and vaccines. Upon return, information and ways to combat resistance will be shared with the pharmacy department and the Antimicrobial Stewardship committee at Prince of Wales and within the area.
- Group learning opportunity for Occupational Therapists (OT) and Psychologists to come together to participate in online cognitive rehabilitation training. This will be 5 joint learning sessions, conducted over a 6 month period to build capacity within the team to effectively work with clients with cognitive deficits.
- Purchase a laptop and projector for use in staff education and, at times, education to patients and families.
- Attendance at the Australasian Society for Parenteral and Enteral Nutrition annual conference includes 2 (assessed) workshops on: Nutrition in Intensive Care Unit Patients and Nutrition Support in the Perioperative Period.
- Live training conference actors and medical facilitator (4 hour workshop)
 - to illustrate real life situations between community clinicians and clients/carers that escalated to complaints as a result of inappropriate communication
 - to analyse the factors surrounding poor communication
 - to illustrate the same situation with appropriate communication and reflection.
- Staff attendance at the Physiotherapy Conference
- Staff attendance and presentation at an infectious Diseases Conference in New Orleans
- Training to develop self-care for occupational therapists
- Attendance at the Australian Society for Infectious Diseases (ASID) 40th Annual Scientific Meeting in 2016 with a focus on multi-resistant gram-negative bacterial infections.
- Attendance at the 2017 ACNC Conference
- Educational resources for Cardiac Services
- Australian Resuscitation Council ALS 2 training



Your Health Your Hospital Seminars 2016

The Prince of Wales Hospital Foundation (POWHF) conducts special seminars “Your Health Your Hospital” to educate and inform the local community about current and relevant health issues and to provide a platform for POWHF to inform and involve the local community in upcoming events and fundraising initiatives. These important community events are generously supported by The Rotary Club of Botany Bay. In 2016 the “Your Health, Your Hospital” series included:

March

It's an Emergency – inside the ED...

with guest speakers

Dr Michael Golding,
CNC Wayne Varndell,
and
NUM Liz Ryan

Featuring life-saving CPR techniques, chronic illness prevention information and details about what to do in an emergency, it showed what life saving work the ED team does on a daily basis

May

Aged care – prevention practices ...

with guest speakers

Conjoint Associate
Professor Gideon Caplan
and
The PACS team

Featuring common health issues that affect the older generation, prevention, identifying the symptoms, and managing these challenges

July

Infectious diseases and antibiotics...

with guest speakers

Director of Infectious
Diseases Dr Kate Clezy,
Infection Control CNC
Jo-Anne Bendall
and
Antimicrobial Stewardship
Pharmacist Julie Mansy

An informative session on the topic of infectious diseases and the role of antibiotics

October

Novel approaches to cancer detection and treatments...

with guest speakers

Conjoint Professor David
Goldstein (UNSW),
Conjoint Associate Professor
Michael Jackson (UNSW)
and
Jennifer Guille

With updates on disrupting cancer development and progression, the choices of treatments and decision making for action and scanning technologies and the future

NURSING EDUCATION AND RESEARCH UNIT (NERU)

The Nursing Education & Research Unit (NERU) is responsible for the co-ordination, assessment, planning and provision of learning and development activities for groups and individuals in each of the nursing programs. The unit assists the organisation to meet its education and training goals through consultation with key stakeholders. The unit recognises the need to work collaboratively with other disciplines and includes them as key stakeholders.

NERU actively seeks to develop a cross-portfolio approach to nurse learning and development, with professional support. The Nursing Education & professional development opportunities align to the *SESLHD Nursing & Midwifery Journey to Care (2015-2020)*, building Capacity and Capability of nurses to develop a workforce where individuals have the skills, knowledge & support to provide the highest standards of care'.

The NERU team holds specific corporate educational responsibility for nursing orientation, transition of new nursing staff including newly graduated nurses, clinical skills training and assessment, supporting professional development and education of nurses at all levels (AIN, EN, RN and nursing leadership roles)

A summary of other courses and training provided by or in conjunction with the Nursing Education and Research Unit can be found on *Nursing Education Intranet site calendar*.

Supporting Transiting Nurses

The SESLHD Transition Principles provide structure and guidance to transitioning nurses moving into new roles, these are evaluated by SESLHD annually. In 2016, 51 New Graduate Nurses completed the one-year New Graduate Program. The program includes weekly 'Transition Thursday' education sessions, one on one coaching and monthly peer group Clinical Supervision reflective sessions. All transitioning nursing leaders (Nurse Unit Managers, Clinical Nurse Educators and Clinical Nurse Consultants), are provided one on one leadership coaching.

Supporting Nursing Training and Assessment

Training & Assessment workshops are provided to enable the POWH to build 'Capacity & Capability' of nurses to ensure a skilled and capable workforce.

These include:

- Nursing orientation
- Venepuncture Workshop
- Hand hygiene Auditors Training
- Cannulation Workshop
- Clinical Assessment Workshop
- Basic Life Support assessment (adult & paediatric)
- Basic Life Support Train the trainer
- Regular Competency Blitz

"Nursing Grand Rounds" are facilitated weekly on a Wednesday 1445-1530hrs. The focus is clinical practice education using clinical scenarios, case studies & expert panels – reflective practice resources are provided to capture key learning & contribute as evidence for CPD points. Critical dialogue is facilitated by presenters.

Supporting Undergraduate Nursing Students

Over 912 undergraduate Nursing Students had placements at the POWH from 9 Universities and various TAFEs in 2016.

Supporting leaders in Leadership Development, Coaching & Facilitation Development

NERU provides consultation, support and development to individuals, groups and stakeholders (internal and external) in matters related to leadership, coaching and clinical supervision with a strong focus on person centred and compassionate care. NERU also provides leadership and support for patient-centred care and compassionate care programs and initiatives. Details of a program that highlights these initiatives.

Supporting Nursing Research and Enhancing Research Skills

The Professor of Nursing and the Nurse Manager of Research aim to improve the research and evidence-based capacity amongst nursing at The Prince of Wales Hospital. These roles support research strategy, research activities and research skill development of POWH Nurses.

A summary of research achievements during 2016 include:

- The total number of research grants awarded during the calendar year 2016 was 10 and the research grant amount totalled \$230,891.15 (this excludes the MoH translational research grant of \$703,900 collaboratively awarded within the aged care department).
- The 9th Prince of Wales and Sydney/ Sydney eye Hospital Biennial Nursing Research and Practice Development symposium was held May 11-12 2016. This aimed to share nursing innovations and initiatives and support novice presenters. POWH nurses presented at 34 conference presentations internationally and nationally and 11 presentations were shared at the symposium.
- There is evidence of academic engagement within POWH nursing staff in 2016. 5 CNC'S are current PHD candidates and 13 nurses completed higher degree awards: 5 Masters; 8 Graduate Certificates in 2016.
- A suite of research education was provided for POWH nursing staff; externally through SESLHD and locally by POWH nursing education and research staff. Local in house education during 2016 included: excel training/support sessions, two day evidence based practice course, "bright ideas" which is a practice based research series and individual consultation/ support by the Nurse Manager Research and the Professor of Nursing for all aspects of research.
- A nursing research website is maintained. This site provides resources to enable Nursing research.

CNC Roles within the NERU team include PACE/CERS, Pressure Injury Prevention & Evidence Based Practice.

- Clinical Nurse Consultant roles act as a primary resource for all staff throughout the hospital to pertaining the implementation and sustainability of the clinical and operational effectiveness of their specific specialty. Providing education and training in relation to their portfolio of practice.
- Education Provision: nursing and medical orientation, transition nurses.
- Data collection & analysis on key performance indicators and generating reports.
- Reports patient safety issues/concerns from case reviews.
- Sit on relevant councils & committees to represent the clinical specialty area from both an educational & service perspective.

Over **912** undergraduate Nursing Students had placements at the POWH from 9 Universities and various TAFEs in 2016.

POW Nursing Leaders' Professional Development Program 2016

The Nursing Leaders' Professional Development program is designed to strengthen Nursing Leadership teams to face the challenges and opportunities inherent in contemporary and complex healthcare, and support clinical leaders in career progression and succession planning.

Education workshops within the program: targeting all members of the nursing leadership team

Module	Patient-Centred Care and Partnering with Consumers explores the key principles of patient-centred care and how to achieve greater partnering with consumers
Content / Key focus	Key aspects of this workshop include: <ul style="list-style-type: none"> • What is patient centred care and partnering with consumers? • Why patient-centred care and partnering with consumers? • Delivering, supporting and promoting patient-centred care and partnering with consumers.
Details	2 ½ hour workshop- 10 workshops facilitated Lead facilitators – NERU
Module	Continuum of Care focuses on care coordination.
Content / Key focus	Key aspects of this workshop include: <ul style="list-style-type: none"> • Understanding the key KPIs for access • Whole of hospital and clinical redesign • Effective discharge planning • Patient care coordination
Details	2 hour workshop- 2 workshops facilitated. Lead facilitators - NM Access and Clinical Redesign.
Module	Introduction to Leadership (emerging leaders) explores what is skilled leadership and how skilled leadership can be cultivated.
Content / Key focus	Key aspects of this workshop include: <ul style="list-style-type: none"> • Effective models of leadership • Developing key leadership skills, attributes and mindsets • Developing the team and enabling others • Influencing workplace culture • Critical reflection
Details	<ul style="list-style-type: none"> • 1 day workshop- 2 workshops facilitated • Once-off 1 hour individual coaching / reflective clinical supervision • Offer of on-going mentorship Lead Facilitators – NERU
Module	Introduction to Transformational Practice Development and Facilitation focuses on the key principles of transformational practice development and skilled facilitation.
Content / Key focus	Key aspects of these workshops include: <ul style="list-style-type: none"> • Exploration of transformational practice development and the principles that guide this framework • Essentials of Care program • Being person-centred • Introduction to facilitation • Shared ways of working and shared decision making • Listening actively and reflectively, asking enabling questions and effective feedback. • Evaluating Practice Development
Details	<ul style="list-style-type: none"> • 1 day workshop- 2 workshops facilitated • Once-off 1 hour individual coaching / reflective clinical supervision • Offer of on-going mentorship Lead Facilitators – NERU

Module	Clinical Supervision focuses on the Clinical Supervision Continuum (developed by HETI) from point of care clinical supervision, to reflective clinical supervision.
Content / Key focus	Key aspects of this workshop include: <ul style="list-style-type: none"> • What is clinical supervision? • The 3 components of the Clinical supervision continuum developed by HETI – point of care, professional development and reflective clinical supervision • How to structure the clinical supervision conversation • How to evaluate clinical supervision
Details	2 hour workshop - 3 workshops facilitated Lead Facilitators – NERU
Module	Introduction to Coaching and Enabling Others explores the What, Why and How of coaching.
Content / Key focus	Topics in this workshop include: <ul style="list-style-type: none"> • Deep listening • Enabling questions • Understanding change and motivation, • Effective feedback • Structuring coaching conversations • Solution-focused / strengths-based / appreciative thinking • Readiness for change • On-the-run coaching • Coaching for performance
Details	<ul style="list-style-type: none"> • 1 day workshop - 2 workshops facilitated • 3 individual coaching sessions Lead Facilitators – NERU

Targeted Education for Nursing Unit Managers

Module	Effective Conversations Workshop (Compulsory for all Managers)
Content / Key focus	Key aspects of this workshop include: <ul style="list-style-type: none"> • Explore emotional intelligence, self-awareness & the challenges & rewards of conversations with your people • Part one (full-day workshop) focuses on the core skills of communication, emotional intelligence & how to plan for a conversation • Part two (2 hour session) “homework” component of having an actual conversation is debriefed & discussed with your peers.
Details	One full day workshop & one 2 hour session Lead Facilitators – HR Team
Module	Managing for Performance Workshop (Compulsory for all Managers)
Content / Key focus	Key aspects of this workshop include: <ul style="list-style-type: none"> • Explore the proactive management of all aspects of our people’s performance & development • Based on the SESLHD Performance Development Framework • Recognising issues with and managing unsatisfactory performance • Builds on the concepts from the “Effective Conversations” workshop
Details	Two half day (4 hours) workshops 4 – 6 weeks apart Lead Facilitators – HR Team

Module	Resource Management
Content / Key focus	<p>Key aspects of this workshop include:</p> <ul style="list-style-type: none"> • Key KPIs in budgetary monitoring of goods and services • Development of FTE budget profile • FTE utilisation • Understanding NHPPD and alternative staffing models • Effective rostering
Details	<p>4 hour workshop Lead Facilitators – Finance/Workforce/Executive Unit</p>

Targeted Education for Clinical Nurse Consultants

Module	Developing and Using an Evidence Based Practice Approach focuses on the use, development and dissemination of evidence-based practice
Content / Key focus	<p>Key aspects of this workshop include:</p> <ul style="list-style-type: none"> • Literature searching and appraisal skills • Using research in clinical care and management • Understanding quality improvement and research methods • Understanding accreditation and HREC requirements • How to write proposals, data access analysis and management, reports and publications • Disseminating findings through presentations
Details	<ul style="list-style-type: none"> • 2 day workshop - 2 workshops facilitated- 11 participants • Ongoing support through participation in “POWH Writing” group and one-to one Research / QI mentoring <p>Lead Facilitators – NERU</p>

Targeted Education for Clinical Nurse Educators/Nurse Educators

Module	Putting Evidence into practice – facilitating teaching and learning focuses on Evidence-based learning practice, development of educational materials and resources
Content / Key focus	<p>Key aspects of this workshop include:</p> <ul style="list-style-type: none"> • Education skills related to the principles of adult learning • Evidence – based learning practice and the development of evidence-based educational materials and resources • Introduction to literature review (CIAP) • Clinical assessment and competency • Implementation and evaluation of education resources • Using simulation for learning
Details	<ul style="list-style-type: none"> • 1 day workshop - 2 workshops facilitated - 11 participants <p>Lead Facilitators – NERU</p>

Nursing Education Grants: Successful applications 2016

Twelve education-related grants were awarded during 2016.

Recipients	Grant Purpose	Grant Organisation	Year	Amount
Begley D.	To attend the Australian Pain Society 37th Annual Scientific Meeting, Expanding Horizons, South Australia.	Louisa Hope Awards for Nurses: Prince of Wales Hospital Foundation.	2016	\$1,115
Gunner P.	Staff education and travel grant. Attend head and neck oncology/ ENT conference.	Prince of Wales Hospital Foundation	2016	\$1,200
Jain S.	International Ambassador Program - Society for Healthcare Epidemiology of America travel stipend	Society for Health care Epidemiology of America;	2016	US \$3,000
Jain S.	Staff education travel grant attendance at the International Forum on Quality and Safety in Healthcare. London, UK.	Louisa Hope Awards for nurses: Prince of Wales Hospital Foundation.	2016	\$1,500
Kidenya B.	Conference attendance: Management of patients with advanced liver disease provided by the Australasian Hepatology Association.	Louisa Hope Awards for nurses: Prince of Wales Hospital Foundation.	2016	\$200
Harati A	To attend the Advanced Life Support Level 2, 2-day course conducted by Australian Resuscitation Council.	Prince of Wales Hospital Foundation	2016	\$949
Lamont S, Sheehan L.	Development of an online electronic education and awareness resource to increase clinical ethics capacity in health professionals.	Prince of Wales Hospital Foundation	2016	\$30,960
Matanga M.	To attend the annual Australian Rehabilitation Nurses' Association conference, Melbourne and present a Clinical Risk Chart Review for rehabilitation patients.	Prince of Wales Hospital Foundation	2016	\$600
Murray A.	The "GoodLife Program". To run this 5 day POWH Rehabilitation education program to equip rehabilitation clinicians to develop coaching and partnering skills. This aims to engage and empower clients in more personalised rehabilitation.	Prince of Wales Hospital Foundation	2016	\$16,864
Perry L, Hoban K, Rodgers K, Lamont S, Brunero S, Vardell W.	Care Quality Improvement Initiative. To provide an opportunity through a module in care quality improvement for recently graduated nurses over a twelve month period.	Nurse and Midwifery Strategy Reserve Fund.	2016	\$34,474
Schlossberger, E.	To fund an Australian Resuscitation Council (ARC) Advanced Life Support Instructors course at POWH. This will enable POWH to provide the internationally recognised ARC accredited training programs on an ongoing basis at our facility.	Prince of Wales Hospital Foundation	2016	\$4,500
Weirs D	Staff education travel grant for conference attendance: "live training simulation conference" to increase and analyse the factors surrounding poor communication between community clinicians and clients/carers.	POWH Foundation	2016	\$1,980
Total				\$97,342

Nursing Publications: 2016

Peer Reviewed Journal Publications 2016

Al-Ganmi A, **Perry L**, Gholizadeh L, Al-Otaibi A. Interventions to Enhance Cardiovascular Medication Adherence among Patients with Cardiac Disease: A Systematic Review. *Journal of Advanced Nursing*. 2016; 72(12):3001-3014.

Al Otaibi A, **Perry L**, Golizedah L, Al Ganmi AHA. Diabetes knowledge of nurses in different countries: An integrative review. *Nurse Education Today*. 2016; 39:32-49.

Brunero S, Wand A, **Lamont S**, John L. A point prevalence study of the use of psychotropic medication in an acute general hospital. *International Psychogeriatrics*. 2016; 28(6):967-975.

Elliott D, Allen E, **Perry L**, Fry M, Duffield C, Gallagher R, Iedema R, McKinley S, Roche M. User acceptance of Observation and Response Charts with a track and trigger system: a multi-site staff survey. *Journal of Clinical Nursing*. 2016; 25:2211-2222.

James S, **Perry L**, Gallagher R, Lowe J. Diabetes Educators' perceived experiences, supports and barriers to use of common diabetes-related technologies. *Journal of Diabetes Science and Technology*. 2016;10(5): 1115-1121.

James SJ, **Perry L**, Gallagher R, Lowe J. Diabetes Educators' intended and reported use of common diabetes-related technologies: discrepancies and dissonance. *Journal of Diabetes Science and Technology*. 2016;10(6):1277-1286.

Lamont S, **Brunero S**, **Perry L**, Duffield C, Sibbritt D, Gallagher R, Nicholls R. 'Mental health day' sickness absence amongst nurses and midwives: workplace, workforce, psychosocial and health characteristics. *Journal of Advanced Nursing*. 2016; Nov. DOI: 10.1111/jan.13212.

Lamont S, **Brunero S**, Sharma S. Application and implications of Mental Health Act 2007 (NSW) certificate use in acute generalist settings. *Australian Health Review*. 2016;40(2):219-224.

Lamont S, Stewart C, Chiarella M. Capacity and its relationship to a legally valid consent: Ethical, legal and professional context. *Journal of Law and Medicine*. 2016;24(2):371-386.

Lamont S, Stewart C, Chiarella M. Documentation of capacity assessment and subsequent consent in patients identified with delirium. *Journal of Bioethical Inquiry*. 2016;13(4):547-555.

Nicholls R, **Perry L**, Duffield C, Gallagher R, Sibbritt D, Xu X. The personal cancer screening behaviours of nurses and midwives. *Journal of Advanced Nursing*. 2016: Nov 23. doi: 10.1111/jan.13221.

Nicholls R, **Perry L**, Duffield C, Gallagher R, Pierce H. Barriers and facilitators to healthy eating for nurses in the workplace: an integrative review. *Journal of Advanced Nursing*. 2016: Oct 12. doi: 10.1111/jan.13185.

Peirce H, **Perry L**, Chiarelli P, Gallagher R. Prevalence and impact of pelvic floor dysfunction symptoms in identified workforce groups: A systematic review. *Journal of Advanced Nursing*. 2016; 72(8):1718-34.

Perry L, James S, Steinbeck S, Dunbabin J, Lowe J. Young people with type 1 diabetes mellitus: Attitudes, perceptions, and experiences of diabetes management and continuous subcutaneous insulin infusion therapy. *Journal of Evaluation in Clinical Practice*. 2016; Oct:1-8.

Perry L, Gallagher R, Duffield C, Sibbritt D. Does nurses' health affect their intention to remain in their current position? *Journal of Nursing Management*. 2016; 24(8):1088-1097.

Potter JE, Gatward JJ, Kelly MA, McKay L, McCann E, Elliott RM, **Perry L**. Simulation-based communication skills training for experienced clinicians to improve family conversations about organ and tissue donation. Accepted by *Progress in Transplantation*. Nov 2016;

Thomas S, Katib N, **Pugh D**, Lennox A, Endre Z, Tan E, Ellery C, Varcoe RL. A comprehensive renal vascular access clinic results in improved patient outcomes and reduced costs. *ANZ Journal of Surgery*. 2016: doi:10.1111/ans.13794.

Nursing Publications: 2016

Conference Presentations by Nurses 2016

Brunero S. The social relations of generalist health professionals working with people with a mental illness; a constructivist grounded theory study, Australian College of Mental Health Nurses; Sydney, Australia. 9th June 2016.

Brunero S. Psychotropic use in the general hospital. Optimizing health care quality, Faculty of Nursing, Chiang Mai University; Chiang Mai, Thailand, June 23rd-25th 2016.

Bugeja B, Tekiko J. Improving patient controlled analgesia documentation. An essentials of care project. Essentials of Care Showcase, New South Wales Ministry of Health; Sydney, Australia, 2016.

Cooper R, Foster K, Carroll S, Laurie C, Way B. The implementation of a multidisciplinary hospital wide simulation training program. Awakening the force in Nursing and Midwifery conference; Penrith, Australia, 2016.

Carroll S, Donnelly N, Murray P. Fulminant myocarditis: A Case Study. Australasian Cardiovascular Nursing College Conference, Australasian Cardiovascular Nursing College; Melbourne, Australia, 2016 (Best paper award).

Gale J, Lyons S, Perry L, Varndell W. Hospital frequent fliers; Commonalities seen between patients with Diabetes re-presenting to hospital. Annual Scientific Meeting Australian Diabetes Society and Australian Diabetes Educators Association; Gold Coast. Australia, 2016.

Hartmannova S, Pine P, Jain S. Surgical site infection in cardiothoracic perioperative environment. Cardiac conference, Cardiology annual conference; Sydney, Australia, 2016.

Jain S, Edgar D, Bothe J, Harris J, Newman H, Wilson A, Bint B, Brown M, Alexander S. Being a Hand Hygiene Auditor in Australia - Exploring the Experience. 17th International Congress on Infectious Diseases, International Society for Infectious Diseases; Hyderabad, India, March, 2016.

Jain S, Edgar D, Bothe J, Harris J, Newman H, Wilson A, Bint B, Brown M, Alexander S. A qualitative study using practice development methods to explore the experience of being a hand hygiene auditor in Australia. SHEA Spring conference, Society for Healthcare Epidemiology of America; Atlanta, United States of America, 2016.

Jain S, McLaws M. Are gloves required when caring for patients with VRE? 5th. International annual conference, Australasian College for Infection Prevention and Control; Melbourne, Australia, November 2016.

Jain S. Sustaining a Hand Hygiene Auditor population: What do we need? Hand Hygiene Australia workshop, Australasian College for Infection Prevention and Control; Melbourne, Australia. 2016.

Lamont S. Decision-making capacity and the consent process: knowledge and practice of legal and healthcare standards. Consultation Liaison Special Interest Group Annual Conference: Australian College of Mental Health Nurses; Sydney, Australia. 2016.

Orinuella K, Hilbers J, Black S, Maitland K. Looking through a Health Literacy lens: What does Health Literacy mean for ordinary people? Annual Scientific Meeting, Australian Diabetes Society and Australian Diabetes Educators Association; Gold Coast, Australia, 2016.

Jakimowicz S, **Perry L, Lewis J.** Patient-centred nursing, compassion satisfaction and compassion fatigue in intensive care units. National Nursing Forum; Melbourne, October 2016.

Jakimowicz S, **Perry L, Lewis J.** Barriers and facilitators of patient-centred nursing in intensive care units ANZICS/ ACCCN Annual Scientific Meeting; Perth, Australia, October 2016.

Johnson AM, Nguyen H, Parker S, Groth M, Coote S, **Perry L, Way, B.** "That was a good shift": Interdisciplinary collaboration and its effect on patient management and junior doctors' experience on overtime shifts". European Association of Occupational Health Psychology Conference; Athens, Greece, April 2016.

Murray S, Mulcahy M. 'Learning from You- Patient Perspectives and the Power of Stories'. Nursing & Midwifery Office NSW, Essentials of Care State Showcase, Sydney, May 2016.

Murray S, Tuqiri K. Leading Person Centred Compassionate Care- The Heart of Caring. International Practice Development Conference, Edinburgh, September 2016.

Perry L, Gallagher R, Duffield D, Sibbritt D, Nicholls R. Fit for the Future? A Delphi consultation to provide health promotion recommendations for the nursing and midwifery workforce. National Nursing Forum; Melbourne, October 2016.

Nursing Publications: 2016

Conference Presentations by Nurses 2016 *(continued)*

Perry L, Lowe J, Acharya S, Dunbabin J, Xu X, Steinbeck K. Diabetes health service usage after transition from paediatric services by young people with type 1 diabetes. Youth, Health and Practical Justice: An Interdisciplinary Conference; Sydney, December 2016.

Perry L, Lowe J, Acharya S, Dunbabin J, Xu X, Steinbeck K. diabetes health service usage after transition from paediatric services by young people with type 1 diabetes. Australian Paediatric Endocrine Group Conference; Alice Springs, August 2016.

Perry L, Hoban K, Ryan E. Food for thought: Nurses are what they eat? 4th Annual Worldwide Nursing Conference; Singapore, July 2016.

Perry L, Welp A, Johnson A, Nguyen H, Yu N. Enhancing teamwork and quality of care through personal professional development activities – the mediating role of reflective thinking. Royal College of Nursing Research Conference; Edinburgh, Scotland, April 2016.

Perry L, Dunbabin J, Gallagher R, Lowe J, James S, Steinbeck K. Development of vascular complications in young people with type 1 diabetes: a continuing story. Royal College of Nursing Research Conference; Edinburgh, Scotland, April 2016.

Perry L, Tetik E, Maddison K, Hoban K, Bampi F. In search of improved pressure injury risk assessment for patients admitted to hospital: evaluation of a clinical-judgement based tool Royal College of Nursing Research Conference; Edinburgh, Scotland, April 2016.

Perry L, Tetik E, Maddison K, Hoban K, Bampi F. In search of improved pressure injury risk assessment for patients admitted to hospital: evaluation of a clinical-judgement based tool International Improvement Science and Research Symposium; Gothenburg, Sweden, April 2016.

Perry L, Gallagher R, Duffield C, Sibbritt D, Nicholls R. Fit for the Future? The health and health behaviours of the nursing and midwifery workforce Royal College of Nursing Research Conference; Edinburgh, Scotland, April 2016.

Perry L, Gallagher R, Duffield C, Sibbritt D, Nicholls R. Fit for the Future? The health and health behaviours of the nursing and midwifery workforce International Improvement Science and Research Symposium; Gothenburg, Sweden, April 2016.

Perry L, Tetik E, Hoban K. Doing simple things well: translating the evidence for pressure ulcer prevention into practice in an acute tertiary hospital in Sydney. International Improvement Science and Research Symposium; Gothenburg, Sweden, April 2016.

Pierce H, **Perry L**, Gallagher R, Chiarelli P. Urinary continence and incontinence in the Australian nursing and midwifery workforce: prevalence, severity and work related characteristics. National Nursing Forum; Melbourne, Australia, October 2016.

Potter J, **Perry L**, Elliott R, Kelly M, the COMFORT investigators. Evaluation of an innovative simulation workshop in communication skills to lead the family donation conversation. World Federation of Critical Care Nursing; Brisbane, Australia, April 2016.

Sands MB, Dimitri D, **Hopkins TS**, Deady D, McKenzie DK. Advance Care Planning in the Emergency Department, Respiratory Outreach and the electronic medical record. Advance Care Planning National Conference; Melbourne, Australia, 2016.

Welp A, Johnson A, Nguyen H, Murray S, Yu N, **Perry L**. Enhancing teamwork and quality of care through personal professional development activities – the mediating role of reflective thinking. Poster presented at the 12th conference of the European Academy of Occupational Health Psychology (EAOHP); Athens, Greece, April 2016.

ALLIED HEALTH EDUCATION 2016



NUTRITION & DIETETICS

ALL DIETITIANS ARE INVOLVED IN STAFF AND PATIENT EDUCATION

Nutrition/ Dietetics take 6 students a year from University of Wollongong

Our departmental education sessions for Clinical 8YHJUBg are run fortnightly for 60 minutes.

We participate in patient education programs and in staff training programs.

Education Events 2016

- Project Management Training for Allied Health Managers/Seniors
- Resilience training for 8YHJUBg
- University lectures and conference presentations

Conferences

Paula Carroll gave an oral presentation at ANZSCoS: What are we “weighting” for? A practice development project to improve weighing practices in POWH Spinal Injury Unit Oral Presentation.

TALKS TO SESLHD STAFF			
GROUP	AUDIENCE	TOPIC	CLINICIAN
ICU	Doctors	Indirect Calorimetry	Suzie Daniells
9W	Nursing staff	Malnutrition screening and XJYHJUBg referrals	Kate O'Brien
9W	Nursing staff	Low Microbial Diet	Kate C f6 fJYb
SSEH	Nursing staff	Diabetic diets in hospital	Claire Douglas
Spinal Acute & Rehab	Nursing staff	Importance of patient weights	Paula Carroll
Spinal Acute & Rehab	MDT staff education	What are we “weighting” for? A practice development project to improve weighing practices in POWH Spinal Injury Unit	Paula Carroll
10W	Nursing staff	Low microbial update	Charlotte Epper/ Karina Haaksma
ReViVe Aged Care Volunteer Program	ReViVe Volunteers	Nutrition for Older Patients – feeding assistant program	Cassandra Donovan
SESLHD Improvement & Innovation Awards	SESLHD staff	What are we “weighting” for? A practice development project to improve weighing practices in POWH Spinal Injury Unit	Paula Carroll
Quality & Accreditation Committee	SESLHD staff	What are we “weighting” for? A practice development project to improve weighing practices in POWH Spinal Injury Unit	Paula Carroll
SESLHD Food & Nutrition Committee	SESLHD staff	Snap shot of patient nutrition – Malnutrition & Coding Research Project results	Paula Carroll
POWH Food Service	Food Service	Enteral formula & Thickened Fluids	Margaret Holyday
University of Wollongong	Student 8YHJUBg	Parenteral & Enteral Nutrition Lecture & tutorial	Suzie Daniells
Basic Physician Training (BPT)	Doctors	Weight reduction, Oncology, Antimicrobial diet, Renal, Malnutrition screening & assessment, Calcium	Suzie Daniells, Paula Carroll, Kate O'Brien

TALKS TO EXTERNAL GROUPS			
GROUP	AUDIENCE	TOPIC	CLINICIAN
Cardiac Rehab	Outpatients	Healthy eating for a healthy heart	Karina Haaksma
Pulmonary Rehab	Outpatients	Easy Breathing	Lisa Jackson / Karen Sullivan
Aged Care Falls Prevention	Outpatients	Stepping On	Karen Sullivan
Stroke Education Day Rehab Unit (1 west)	Inpatients, outpatients, family/carers	Lifestyle Prevention for Stroke	Kylie Richardson
PRISM Pain Management Program	Outpatients	Nutrition and Pain management	Kylie Richardson
8YHJbg Assoc Aust Nutrition Support Interest Group	8YHJbg	Enteral and Parenteral Nutrition	Suzie Daniells

OCCUPATIONAL THERAPY

THE OCCUPATIONAL THERAPY (OT) DEPARTMENT SEES **38** STUDENTS YEARLY

All teams are involved in patient and staff education. There is a monthly education meeting for the OT department. Individual areas provide education specific to their client population. OT have participated in structured multidisciplinary Patient Education programs in Cardiology, Falls Prevention, Aged Care, Spinal Injuries, Acute Stroke Unit and Respiratory medicine as well as providing ah-hoc sessions (e.g. Stroke awareness week, April Falls Day) . Patient education for the spinal team includes return to driving, wheelchair maintenance and pressure care. Staff education includes major home modifications, technology QI Project, manual handling and basic life support. There is a falls education group run every week in Aged Care rehab by OT and PT. OT's attend and present at a weekly geriatric clinical teaching session.

Timetable of regular meetings:

- Our departmental education sessions are held monthly for 60 minutes
- Journal club meetings are held every 6 weeks for 60 minutes (3 different journal clubs running concurrently in OT department depending on clinical area)
- Student meetings with the Student Coordinator are run weekly for 60 minutes during the duration of the placements
- Additional education sessions are arranged on an as needed basis
- Involvement in patient education in September for Stroke Awareness Week

Educational Events

- The upper limb prosthetic OT provided training in conjunction with the Director of Rehabilitation Medicine and the Prosthetist to the medical registrars and allied health professionals on a 5-day Upper Limb Prosthetic course at POWH.
- Registrar training for wheeled mobility and postural management
- Spinal team involved in Technology QI Project presentation and in-service training to upskill staff in technology use.
- "Errorless Learning" course organised for the department
- Participation at SESLHD OT Professional Education Day

Educational Achievements

- Technology QI Project presentation to OT Department, Spinal Pracs Group and South East Sydney OT Professional Development Day
- OT presentation at Australian Catholic University for "Wheeled Mobility and Seating"
- Respiratory OT workshops run – 1 @ POWH, 1 @ Eurobodalla
- OT presentation at the 7th Biennial Australian and New Zealand Falls Prevention Conference held in Melbourne from the 27th – 29th November 2016. Abstract title was "Concerns of Older People Recruited to an Evidence Based Falls Prevention Program "Stepping On" After Falling".

ORTHOPTICS

Four Orthoptics Staff are involved in education.
We saw 171 students in 2016.

Our Educational Events included two meetings with SEH orthoptist teams, Eye clinic - in service - hand washing, bullying, two orthoptist meetings.

We saw **171**
students in 2016

Other educational events

- 1 x orthoptist presented 4 lectures for medical students
- 1x orthoptist optometry talk at UNSW
- 2x nursing education in-service
- 2 x orthoptist inservice to eye registrars
- 2 x orthoptist invited to lecture at the Sydney Children's Hospital (SCH) Grand Rounds
- 1 x orthoptist HSC biology workshop at SCH

Educational Achievements

- 3 x orthoptist attended RANZCO
- 1 x orthoptist presented

PHARMACY

Senior Pharmacists Education & Training: Jessica van Schreven, Joanne Rimington, Janelle Brown.

Education is a core work component of the Pharmacy Department. We are constantly educating staff, patients and their families about safe and appropriate use of medicines.

The Pharmacy Department provides a comprehensive service which supports the Quality Use of Medicines (QUM) throughout the campus hospitals.

Quality Use of Medicines incorporates

- Choosing the most appropriate and cost effective treatment
- Ensuring people are equipped with the knowledge and skills to use medicines to their best effect (education and training)
- Contributing to best practice through appropriate information, education and promotional activities (education and research)

Pharmacy Staff Education Program

The POWH pharmacy department runs a weekly Continuing Education session for all pharmacists. This is usually an invited speaker or one of the pharmacists will present a case study/ clinical topic (majority of sessions). The pharmacy technicians at POWH also take part in ongoing Continuing Education via a once a month program.

The pharmacy department currently employs two pharmacy interns who undertake a structured 12 month training program prior to registration as a pharmacist.

All POWH/RHW/SCH clinical pharmacists are strongly encouraged to participate in ongoing inservice programs on their wards for nursing and medical staff and all are expected to be part of our teaching programs for students and pharmacy interns.

Each pharmacy staff member across SESLHD has access to a Pharmacy Education Sharepoint site which is currently being updated and expanded.

Pharmacists are involved in orientation training of Interns/RMOs/ Registrars at POW but limited involvement in any ongoing physician training. We have discussed amongst the pharmacy educators at POW, the possibility of involving pharmacists in the physician training somehow in the future and this is something we would like to explore further if possible.

Pharmacists also have some educational involvement in nursing orientation.

Awards

The Randwick Interprofessional Educators (RIPE) has been awarded a grant to run an Interprofessional Education and Collaborative practice seminar.

Future developments

The Pharmacy Educators would like to see the pharmacists have a greater profile educating others around issues with medications, particularly in light of NS4 Medication Safety and the strong focus on medication reconciliation.

Support with enhancing clinical pharmacy support training for technicians.

In house training on clinical teaching for the pharmacists is an area that needs greater focus (particularly for the less experienced pharmacists) and we are currently looking at improving the resources we have available for them to effectively teach students, interns and other pharmacy staff.

Educational Program/Events

Pharmacy Regular Educational Activities

- AMS Guidance update
- clinCAT at POWH
- Clinical Problem Solving
- Dialysis
- POWH Project / DUE session
- Cytotoxic Spill Training
- Dispensing Errors Workshop
- POWH Project / DUE session
- Hand Hygiene / Infection Control
- POWH Project / DUE session
- Heparin prescribing workshop
- POWH Pharmacy Stores/ Purchasing
- Anticoagulation
- Oncology update
- Project updates
- PEP, HIV and Privacy Considerations

PHYSIOTHERAPY

The department saw 153 students over the course of 2016. All our staff are heavily involved in education, of our colleagues, patients and students. Some examples of our educational events from 2016 included:

Staff Education sessions:

- Inservices at department meeting (every second week)
- New graduate journal review (once a week)
- Various unit education programs (varies between once per week and once per month)

Patient Group Education sessions:

- Pulmonary rehab education sessions (once a week)
- Falls group education sessions (twice a week)
- Cardiac rehab education session (once a week)
- Joint pre-op clinic (once a week)
- Musculoskeletal education group (once a week)

The annual lower limb prosthetic course provided training in conjunction with the Director of Rehabilitation Medicine and the Prosthetists to the medical and allied health professionals on a 5-day Lower Limb Prosthetic course at POWH.

A number of our staff were involved in presenting at conferences last year:

- Renae McNamara – invited workshop presenter at European Respiratory Society Congress in London, UK September 2016 on water-based exercise training in COPD.
- Renae McNamara – invited webinar presenter for NSW ACI Respiratory Network on community-based exercise training in chronic respiratory and chronic cardiac disease.
- Ling Tsai – invited conference presenter for NSW ACI Rehabilitation Network on Home-based telerehabilitation exercise program improves exercise capacity and self-efficacy in people with chronic obstructive pulmonary disease (COPD). Agency for Clinical Innovation (ACI) Rehabilitation network, June 2016.
- Ling Tsai – invited webinar presenter for NSW ACI Respiratory Network on Telerehabilitation improves exercise capacity and quality of life in people with Chronic Obstructive Pulmonary Disease (COPD): a randomised controlled trial. Agency for Clinical Innovation (ACI) Pulmonary Rehabilitation network, March 2016.
- Daniel Treacy – presentation World Congress for Active Ageing, July 2016, Melbourne

The department saw **153** students during 2016

PSYCHOLOGY

All staff (4 Clinical Psychologists and 4 Neuropsychologists) are involved in education.

We have 1 Masters of Clinical Psychology student every year for 3-6 months. We have 2 Masters in Neuropsychology students every year for 2-4 months. We see 27 undergraduate students yearly.

Educational Achievements

We held a Psychosocial skills development workshop for clinicians working with spinal cord injury using the recently published Emotional Wellbeing Toolkit. This workshop was presented at ANZSCOs Conference in Nov 2016 in Adelaide.

OUR REGULAR EDUCATIONAL EVENTS INCLUDED

- Neuropsychological rehabilitation training program – 5 X 3 hours for psychologists and OT's.
- Hoarding behaviour and its management – Delivered for a half day to the multidisciplinary rehab team
- ACI Psychosocial Guidelines – delivered to spinal nursing
- Psychological Self-care – delivered to spinal nursing
- We participate in the Spinal Ward ongoing patient training calendar. Plus various in-services to staff in aged care, rehabilitation and spinal rehabilitation.

We see **27**
undergraduate
students yearly

SPEECH PATHOLOGY

Education conducted in 2016

Staff (including all in-services)

Ward	Audience	Topic	Clinician
P8	Nursing Staff	Speech pathology and Nursing working together	Penny Mogg
Speech Pathology Department	Speech Paths	FEES - introduction on the procedural and interpretation components	Penny Mogg and Rachelle Robinson

Forum	Audience	Topic	Clinician
SESLHD Staff Other			
New graduate radiation therapist education day	Junior radiation therapy staff	Speech pathology and radiation therapy	Molly Barnhart
Half day observation & education	TSH Rehab Speech Pathologist	Rehabilitation practices; goal-setting.	PT
Clinical 8YHub in Oncology one day workshop	Clinical Dietitian	Speech Pathology and Dietetics interdisciplinary approach, swallowing difficulties during CRT, ongoing management, tube dependency and long term outcomes	Emma Stradling
MDT In-service	Radiation Oncology MDT	Speech pathology in radiation oncology, focus on laryngectomy vs tracheostomy, CRT effects on swallowing and communication	Emma Stradling
Nursing In-service	Nurses in Radiation Oncology	Swallowing and communication issues in CRT, nursing and speech pathology	Emma Stradling
To Patients/Public groups			
Translational Cancer Research Network	Cancer patients consumer reps	Presentation of research in speech pathology and seeking consumer involvement and feedback.	Emma Stradling Molly Barnhart
To External Professional Audiences			
Inservice	MU Speech pathology students	Voice & Rehabilitation	PT
Expert Head and Neck Panel at Lifehouse	Head & Neck MDT	Hypopharyngeal Cancer: Swallowing and Communication Outcomes	Rachelle Robinson

Rachelle Robinson gave a number of Lecture & Tutorials to Macquarie University Speech Pathology Students on Tracheostomies & Head and Neck Oncology

Rachelle also supervised Observational Experiences and Observation Learning Days for a Tamworth Speech Pathologist, a Macquarie University Speech Pathology Student & a Wagga Wagga Speech Pathologist, whereby the observer received mentoring and teaching by a POWH Head and Neck Therapist.

SOCIAL WORK

Social Workers are regularly involved in staff and patient education. We support 9-10 students per year from various Universities. The placements are approximately 5-6 months in duration.

Congratulations to Michael Hopkins and Jackie Francis who completed a AH Leadership Program. Congratulations to Michael Hopkins who presented at the CanTeen ANZCHOG & NYAG Forum on Consumer Rights & Responsibilities.

Our Educational Calendar for 2016 included:

- Weekly Student Seminar Program
- Monthly Social Work mandatory continuing professional development seminars
- Monthly Social Work Journal Club
- Annual Forum for World Social Work Day

SESLHD World Social Work Day Forum:

This was a one-day event in March showcasing the clinical, quality improvement and research work of SESLHD Social Workers. In 2016 this included Project Management Training for Allied Health Managers.

**SOCIAL WORK
SUPPORTS
9-10
STUDENTS A YEAR**

Social Work (SW) participates in several patient education and staff training programs as outlined below:

Audience	Topic	Clinician
New Respiratory JMOs/RMOs	“Dr Jarvie’s meet and greet” Social Work referral pathways and the role of Social Work (very brief and informal).	Rosalie Whitford
Community Palliative Care Team nursing staff	Social Work role in Palliative Care	Jennie Pratt together with Sacred Heart SW Kevin Bloom
POWH NUMs Patient Flow Meeting Geriatric Clinical Meeting for Aged Care Geriatricians and Advanced Trainee (AT) meeting SSEH NUMs Allied Health Heads of Department	Clinical Business Rule (CBR) - Discharge: Escalation Process for Facilitation of a timely transfer to a residential aged care facility	Sue Armstrong
Critical care medicine trainees	Collaborative education assisting with the VIVA model for POWH fellow’s on How to Have Hard conversations & SAFE course at Nepean hospital	Selena Consandine
Medical, Nursing and allied health students	RIPE Simulation Session	Lis Long
POWH Social Work staff	After Hours On Call Social Work Service Training managed and provided by Selena Consandine	Selena Consandine
Geriatric department	RACPO (Residential Aged Care Placement Officer) role and the clinical timely business rule	Aged Care team
NUM meetings, MDT meetings, Allied Health Heads of Department Meeting and Complex Admissions Staff Workshop (SSEH)	Residential Aged Care Placement Officer Position	Dimity Cooper and Louise Harvey
Social Work Staff	Social Work Department Response Training	SW Disaster Committee

OTHER EDUCATIONAL EVENTS RUN IN 2016

Forum	Audience	Topic	Clinician
2016 SESLHD New Grad. Program	SESLHD New Graduate Social Workers	Session using simulation on ways to Work with Complex Family Dynamics.	Lis Long
Elder Abuse Meetings	SESLHD Social Workers	Elder Abuse training for district	Annabelle Bains
POW Mental Health Social	SSEH NUMs MDT SSEH	RACP Officer project	Dimity Cooper
	Social Workers	Patient Flow Portal – Guardianship	Annabelle Bains

PATIENTS/PUBLIC GROUP EDUCATION

Forum	Topic	Clinician
Pulmonary Rehab Group	Community services to outpatients	Rosalie Whitford and Madeleine Gearside
Cardiac Rehab Program	Adjustment and Recovery	Cardiac Social Workers
Spinal Patient Education	Sexuality, intimacy and spinal cord injury Care at home Past patient perspectives	Spinal social workers

TO EXTERNAL PROFESSIONAL AUDIENCES

Forum	Audience	Topic	Clinician
AASW Aged Care Practice Group	NSW Social Workers in Aged Care	Homelessness	Bobbi Henao Urrego
Lecture	UNSW Social Work Students	Chronic and terminal illness	Julia Norman and Jennie Pratt
Complex admissions and discharges Forum	NSW Health, approx. 60 people at SSEH	RACP Officer project – objectives, achievements and case studies	Dimity Cooper and Louise Harvey
WMH SW	WMH SW team	RACP Officer project – the model of care and the achievements	Dimity Cooper
RACF Eastern Aged Care meeting	RACF Managers, Community teams, Geriatricians at WMH, POWH and SVH.	Brief outline of the RACP Officer Project	Dimity Cooper
RACFs	RACF managers and clinical teams	Met most managers and teams at RACFs in East to explain the role and the proposed benefits	Dimity Cooper

OTHER

Forum	Topic	Clinician(s)
Student Seminars	For example: Tips and transition; SW student to new graduate Social Worker, Residential Aged Care Placement	Rosalie Whitford and Madeleine Gearside, Dimity Cooper
First year Social Work students at UNSW (2hour lecture)	Chronic and terminal illness	Julia Norman and Jennie Pratt
Geriatric Clinicians Meetings MDT, medical and community health	RACP Officer project – objectives, achievements and case studies	Dimity Cooper, Jess Keegan, Fi Smallcombe, Sue Armstrong

CONFERENCE PRESENTATIONS AND POSTERS

Forum	Poster/Oral Presentation	Topic	Clinician(s)
CanTeen	Oral	Consumer Rights & Responsibilities	Michael Hopkins
ANZCHOG & NYAG Forum	Oral	Supervising students with a disability'	Nicole Tillotson
Complex admissions and discharges Forum	NSW Health, approx. 60 people at SSEH	RACP Officer project – objectives, achievements and case studies	Dimity Cooper and Louise Harvey
SESLHD ICU/ ED Forum	Oral	Spinal Social Workers: Dying to Live or Living to Die	Beverley Berelowitz

Social Work Educational Program/Events

The Social Work Department also has an ongoing continuing professional development (CPD) program.

Activities include:

- Weekly SW Student Peer Support and Seminar Program: 1.5 hours for SESLHD Northern sector SW
- Regular Clinical Supervision: 1 hour 2-4 weeks between SW and Team Leader/ Senior SW
- Monthly CPD Seminar: 1.5 hours first Tuesday of the month for POWH SW
- Monthly SW Journal Club: 1 hour fourth Wednesday of the month for SESLHD Northern sector SW
- Annual World Social Work Day Forum (March): One day forum on World SW Day for SESLHD SW
- Annual Performance Review process: Formerly PEDS between SW and Team Leader

CPD also occurs with multi-disciplinary teams (MDT) in specific to clinical areas.

Activities include,

- Geriatric Clinicians Meeting – Every Thursday
- Neurosciences In-services – Monthly
- External workshops and conferences

Other CPD activities are planned and organised in addition to above. Examples include activities funded through HETI Allied Health Workplace Learning Grant Program (2015).

- Writing for Publication (2x ½ day workshops/ mentoring)
- Health Social Work Practice Supervision (2 day workshop)

JUNIOR MEDICAL OFFICER (JMO) TRAINING & EDUCATION PROGRAMS



JUNIOR MEDICAL OFFICER (JMO) TRAINING & EDUCATION PROGRAMS

The Prince of Wales Hospital (POWH) participates in numerous training rotations and has affiliations with the specialty colleges outlined opposite.

COLLEGE AFFILIATIONS

Addiction Medicine	RACP (CHEC)
Anaesthetics	ANZCA
Cardiology	RACP
Cancer Genetics	RACP
Clinical Pharmacology	RACP
Dermatology	ACD
Emergency Medicine	ACEM
Endocrinology	RACP
Gastro & Hepatology	RACP
Geriatrics	RACP
Haematology	RACP & RCPA
Immunology & Allergy	RACP & RCPA
Infectious Diseases	RACP & RCPA
Intensive Care Medicine	CICM
Medical Administration	RACMA
Medical Oncology	RACP
Nephrology	RACP
Nuclear Medicine	RACP
Ophthalmology	RANZCO
Pain Medicine	ANZCA
Palliative Medicine	RACP
Psychiatry	RANZCP
Radiation Oncology	RANZCR - Radiation Oncology
Radiology - Diagnostic Radiology	RANZCR
Radiology - Diagnostic Ultrasound	RANZCR
Radiology - Nuclear Medicine	RACP & RANZCR - AANMS
Rehabilitation Medicine & Spinal Medicine	RACP - AFRM
Respiratory & Sleep Medicine	RACP
Rheumatology	RACP
Surgery – General	RACS
Surgery - Colorectal	RACS
Surgery - Cardiothoracics	RACS
Surgery - GI & HB	RACS
Surgery - Neurosurgery	RACS
Surgery - Oral and Maxillofacial Surgery	RACS
Surgery - Orthopedics	RACS
Surgery - Otolaryngology	RACS
Surgery - Plastics	RACS
Surgery - Trauma	RACS
Surgery - Urology	RACS
Surgery – Vascular & Transplant	RACS

PRINCE OF WALES CLINICAL SCHOOL, UNSW MEDICINE

STAFF 2016

Professor Boon Chua joined UNSW as Professor of Medicine at Prince of Wales Clinical School (POWCS) in November 2016. Professor Chua is a Radiation Oncologist, and was previously Director of the Breast Service at the Peter MacCallum Cancer Centre. She was also appointed Director of Cancer Services for POW Hospital, leading a new model in service delivery to patients in the Bright Alliance Building. The Cancer Services group began treating patients in the new facilities in December 2016.

Head of Clinical School: Professor Philip Crowe
Director, Clinical Teaching Unit: Dr Arvin Damodaran
Clinical School Manager: Paul Harbon
Executive Assistant to Professor Philip Crowe: Ria Riadi
Student Co-ordinator, Clinical Teaching Unit: Jennifer Ryall

PRINCE OF WALES CLINICAL SCHOOL, AWARDS FOR TEACHING IN THE UNSW MEDICINE PROGRAM

The Prince of Wales Clinical School recognises and rewards the outstanding teachers who contribute to medical student education. There are three groups of awards presented annually.

THE BRYAN YEO BEST TEACHER AWARDS:

Awarded to Consultant, Registrar and Junior Medical Officer: as voted by students, nomination and voting process handled by MedSoc.

2016 Bryan Yeo Best Teacher Award

Best Consultant: Dr Shing Wong
Best Registrar: Dr Amit Kapur
Dr Michael Krasovitsky
Best Intern/Junior Medical Officer: Dr Karthik Venkatesh

THE PRINCE OF WALES CLINICAL SCHOOL, CLINICAL TEACHER OF THE YEAR AWARD:

Open to non-academic clinical teachers. Recognises the vital contribution conjoint clinicians make to educating medical students. Commemorates more than 50 years of hospital staff partnering with UNSW in delivering the medicine program.

Prince of Wales Clinical School, Clinical Teacher of the Year 2016 Dr Sim Choroomi

THE PRINCE OF WALES CLINICAL SCHOOL AWARD:

Recognises outstanding contributions to the clinical school not restricted to the undergraduate program, in teaching or research, over years of service.

Prince of Wales Clinical School Award 2016
Dr Robert Philips, Department of Radiology, POWH

Dr Gordon Flynn was awarded a Faculty of Medicine Conjoint Teacher Award.



Two recipients of 2016 Bryan Yeo Best Teacher Award – Drs Karthik Venkatesh and Michael Krasovitsky

FINAL YEAR STUDENTS AWARDS FOR 2016

The Max Thorpe Prize: Hannah Uebel

Aggregate mark from components of the Phase 3 Integrated Clinical Examinations in Medicine, Surgery and Emergency Medicine.

John Coleman Prize for Surgery: Lucy Aitchison

Best performance in Surgery in Phase 3, based on course result and result in Phase 3 Integrated Clinical Examination.

Graham Macdonald Prize for Medicine: Kathleen Tan

Best performance in Medicine in Phase 3, based on course result and result in Phase 3 Integrated Clinical Examination.

PREVOCATIONAL TRAINING

Directors of Prevocational Education and Training (DPET):

Drs Bruce Way and Shannon Thomas

DPET Education Support Officer:

Ms Tania Studdert

2016 JMO OF THE YEAR

Dr Samantha Bobba

THE PREVOCATIONAL JUNIOR MEDICAL OFFICER AWARDS

2016 Teacher of the Year: **Dr David Collins, ICU, POWH**

2016 Mentor of the Year: **Dr Annmarie Bosco, Haematology, POWH**

ACHIEVEMENTS BY JMOs IN EDUCATION

PGY1s Drs Nicholas Malouf, Patrick Hosie, Jordan McGrath and Tom Lucena created the 2016 POWH JMO Education Survey, which received a response rate of 85%. Changes were introduced to the teaching program at POWH based on the results of this survey.

The Executive Report is included as Appendix 1 on page 88.

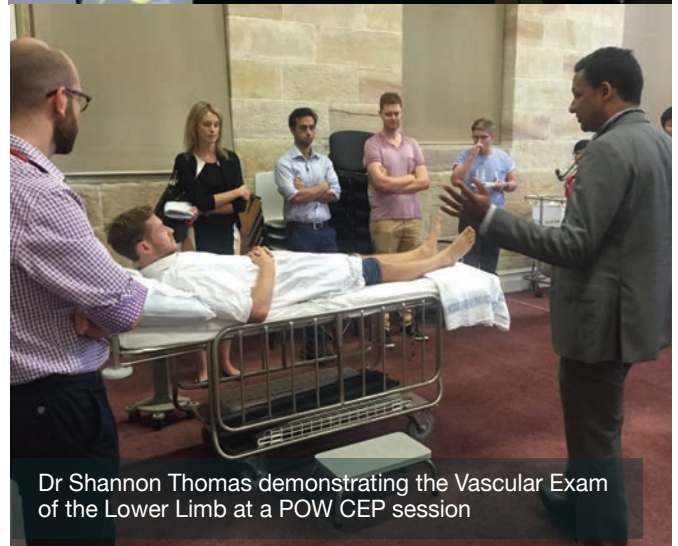
The Resident Medical Officer Association Education Team initiated a POWH-based clinical bedside teaching program led by Dr Michele Ferguson. This program provided regular bedside tutorials to UNSW Medical Students from the POW Clinical School. Over 50 JMOs subscribed to this program and were assigned to groups of medical students in their final years (Phase 3 students, Year 5 & 6). This program supplemented the established Viva Tutorial Program run by POWH JMOs and medical students.

Dr Ross Fraser (Resident/PGY2) received a Prince of Wales Hospital Foundation Grant to attend the National Prevocational Medical Education Forum in Hobart, and to present on behalf of the POWH Clinical Examination Project.

EDUCATIONAL PROGRAM/EVENTS

2016 was the second year of the POWH Clinical Examination Project (POW CEP) led by Dr Annmarie Bosco and coordinated by Junior Medical Officers: Drs Francis Carr, Gabrielle Metz, Ross Fraser, Karthik Venkatesh, Michael Krasovitsky & Michael Spies. This project was created to reinvigorate the art and skills of bedside teaching and clinical examination. The sessions were vertically integrated, taught by an expert to students and JMOs who would then practice in small groups observed by consultants or advanced trainees.

In 2016, we invited some wonderful patient volunteers who gave up their time to assist our JMOs in their clinical skills acquisition.



Dr Shannon Thomas demonstrating the Vascular Exam of the Lower Limb at a POW CEP session

POWH CLINICAL EXAMINATION PROJECT 2016 SESSIONS

- Dr Arvin Damodaran** Examination of the Knee & Shoulder
- Dr Ben Ng** Examination of Heart Sounds and the JVP
- Prof Chris White** Assessment of the Thyroid Gland
- Dr David Murphy** Bedside Abdominal Ultrasound
- Dr Ian Francis** Eye Movements & Visual Fields
- Dr Paul Hamor** Techniques in Chest Examination
- Dr Ralph Stanford** Clinical Assessment of the Painful Hip
- Dr Shaun Watson** Examination of the dizzy patient – Vertigo
- Dr Shannon Thomas** Vascular assessment of the lower limbs and the Ankle-Brachial Index

The POWH Clinical Examination Project was nominated for a UNSW Faculty of Medicine Conjoint Teaching Award in 2016

INTERN EDUCATION PROGRAM 2016

Endocrinology

- Diabetes & Glycaemia on the wards
- NBM Diabetes inc IV glucose/insulin
- All you ever wanted to know about insulin, and more
- Surgery and Medical Procedures for Patients with Diabetes Mellitus
- JMO Teaching Insulin Charting
- Insulin Charting Periop Mgt of Diabetes

Pathology & Haematology

- Feedback from anticoagulants quiz & anticoagulants
- VTE Audits & teaching
- Pathology Tests: Ordering & Interp
- Warfarin and eMEDS
- Febrile Neutropenia & Haem/Onc Emergencies

Working on the Wards

- How to make a Good Referral & other useful resources
- How to approach Overtime Shifts
- The Hard Stuff: Death Certs, breaking bad news
- Medico Legal Issues & Scenarios
- Handover
- MIPS Doctors Legal Bag
- Beyond basic opioids and difficult conversations - approaches to NFR and end of life discussions

Career Development

- GP Training Info session
- CV & Interview Skills
- Career Advisory
- Ethics, Law & Medicine

Surgical & Practical Skills

- Management Of Chest Drains
- O&G Emergencies
- Orthopaedic Emergencies
- Radiology Series
- Drug & Alcohol
- Ultrasound Simulation
- Trauma Scenarios
- Urology After Hours Scenarios
- U/Sound Guided Cannulation
- Early Mgt of Trauma
- Retroperitoneal Bleeding
- Ng Tube Insertion

ICU, Anaesthetics & Pain

- SHOCK
- Periop Asses & Mgt
- Analgesia & Pain Mgt
- Challenges in Pain
- SIM-Shortness of Breath
- Airway Emergencies including Can't Oxygenate, Can't Ventilate situations, asthma management, tracheostomy management
- Vasopressors and inotropes & Airway Mgt
- Pain & Opiates
- Hyperbaric Tour & Teaching
- RESUS4KIDS

Clinical Scenarios

- Assessing Shortness of Breath
- Renal cases
- Assessing Abdominal Pain
- Dysreflexia
- After-hours ward scenarios
- Electrolyte Disturbances
- Chest Pain & Acute Coronary Care
- Delirium, Dementia-Mgt,Assessment
- GI Bleeding & other Gastro Emergencies
- Intravenous fluid Mgt
- Managing Renal Patients
- After Hours Bleeding
- Mgt of Blood Pressure
- Gastro Emergencies
- Antibiotics and their Use

SOME OF THE RESIDENT MEDICAL OFFICER EDUCATION SESSIONS HELD IN 2016

- Assess Shortness of Breath
- Medico Legal Scenarios
- Trauma Scenarios
- Handover
- After Hours Bleeding
- Urology After Hours Scenarios
- Insulin Charting Periop Mgt of Diabetes
- MIPS Doctors Legal Bag
- CBR; Surgery and Medical Procedures for Patients with Diabetes Mellitus
- Mgt of Blood Pressure
- Simulation Topic
- Career Advisory
- U/Sound Guided Cannulation prac
- Pain & Opiates
- Radiology Series
- CAREERS WEEK
- Warfarin and eMEDS
- Hyperbaric Tour & Teaching
- Ethics Law & Medicine
- Early Mgt of Trauma
- Charting Insulin
- Retroperitoneal Bleeding
- RESUS4KIDS for 1.5 hours
- U/Sound Guided Cannulation assess
- Febrile Neutropenia & Haem/Onc Emergencies
- Ng Tube Insertion
- Gastro Emergencies
- 'Beyond basic opioids' and 'difficult conversations - approaches to NFR and end of life discussions'.

EAST COAST MEDICAL NETWORK: ADULT BASIC PHYSICIAN TRAINING

Prince of Wales Hospital (POWH) is the home base for the East Coast Medical Network Basic Physician Training Network.

2016 STAFF

Co-Network Directors of Physician Training:

Dr Annmarie Bosco & Dr Paul Hamor

Medical Education Support Officer: Helen Stavrou

POWH Director of Physician Education:

A/Prof. Jeffrey Post

Director of Physician Education Administrative

Support Officer: Adele Roberts

Prince of Wales Hospital Clinical Superintendent:

Dr Kate Webber

Dr Paul Hamor was welcomed into the ECMN as co-Network Director in 2016. He saw the introduction of a new PGY2 Transition into Medical Registrar Support Program.

40 Basic Physician Trainees rotated across 6 sites including Prince of Wales, Royal Hospital for Women, Sydney Hospital, Shellharbour Hospital, Port Macquarie Base Hospital, Wollongong Hospital and for the first time, Lismore Base Hospital, which joined the East Coast Medical Network in 2016.

PRESENTATIONS

Dr Michael Krasovitsky was invited to present on the POWH Clinical Examination Project at the UNSW Medical Education Seminar in October, 2016.

ADVANCED TRAINING PLACEMENTS ECMN – POWH

5 ECMN BPTs received positions at Prince of Wales Hospital to commence advanced training in 2017.

Joseph Brassil & Leigh Cummins – Cardiology

Gemma Winkler – Rheumatology

Katherine McGregor-Wood – Geriatrics

Deniz Durmush – Gastroenterology

Michael Krigstein received a position in the Eastern Network for Haematology, and may rotate through POWH in the future.

In 2016, **82%**
of our BPTs passed
the RACP written
examination, and

94%
passed the RACP
clinical examination



EAST COAST MEDICAL NETWORK LECTURE SERIES:

A huge thank you to all our Consultants, Advanced Trainees and Allied Health Colleagues who participate in our Lecture Series

Resident to Registrar Transition Support Program (October to December)

Introduction to being a BPT & Respiratory Failure

Stroke

Dizziness & Epilepsy

Haematemesis & Liver Patients

Acute Coronary Syndromes

Arrhythmias

Diabetes

Endocrine Emergencies

Geriatrics after hours

FRACP Written Exam Preparation Program

ALS & After-hours scenarios

Thoracentesis & Chest Drains

ECGs & Arrhythmias for After-hours

Respiratory Failure, NIV & Tracheostomies

Oncological Emergencies

Shock & Inotropes

Sepsis

Management of Delirium on the Ward

Endocrine Emergencies

Blood Transfusions & Complications

Toxicology

Duty of Care, Mental Incapacity & Scheduling

Clinical Pharmacology - General Principles

Overcoming the perils of being a modern doctor

Basics of Congenital Heart Disease

Treatment of Arrhythmias (with discussion on pharmacology of anti-arrhythmics)

Cardiology Q&A Workshop

Pulmonary function testing & Case based discussion Q&A

Obstructive Sleep Apnoea & Sleep Studies Q&A

Cardiac and Respiratory Physiology

Pleural Diseases, Pleural Effusions & Pneumothorax (NEW)

Respiratory & Sleep Q&A Workshop

CNS Infections

Mechanisms of disease and host response in infection and inflammation

Screening for infections in patients

Pharmacokinetics and Pharmacology of Antibiotics & Antivirals

FRACP Written Exam Preparation Program *(continued)*

HIV & PEP MCQ Workshop

Principles of Immunisation

The Febrile Traveller

Tuberculosis

Insulin on the Wards

Type 1 Diabetes

Type 2 Diabetes & Obesity

Osteoporosis, Bone & Calcium Disorders

Adrenal & Pituitary Disorders

Coagulopathy, Anticoagulation & Thrombophilia

Haematological Malignancies

Anaemia/Thrombocytopenia/ Pancytopenia

Haem Investigations & Haematology Q&A Workshop

Gastroenterology Q&A Workshop

Chronic Liver Disease

Chronic Renal Failure and Dialysis

Renal Transplantation & Transplantation Drugs

Acute Renal Failure - Management

Management of Electrolytes

Stroke - Protocols & Management at POW

PET-CT - Basic science, uses & interpretation

Basic Science of Cancer, Chemotherapy and treatment toxicity

Melanoma & Immunotherapies for Cancer

Colorectal Cancer Q&A

Oncology Q&A Session (Lung, Breast)

Nuclear Medicine

Palliative Care & Analgesics

Drug Addiction - Alcohol withdrawal & Opioid addictions

Statistics Workshop

Clinical Genetics Workshop Q&A

Psychopharmacology & Psych Q&A



2016 ECMN Graduates with Prof Paul Spira and Dr Katherine Spira at the ECMN annual dinner, January 2016

FRACP CLINICAL EXAMINATION PREPARATION PROGRAM

Exam Overview

How to do a long case

How to do a short case

Secrets of my success

ECGs & the cardiac short case (2-4 tutorials)

Radiology series

CT Head, MRI Head, Abdomen, MSK, Chest, Radiology Review session

Focus clinical examination in the long case

Translating narrative

How to answer questions

Discussing prognosis

Creation Issues list

The Social History & Mx Social Problems

Physical Examination Spot Test

Crafting intro and summary

Radiology Spot Test

Cardiology Masterclass

Thyroid Examination Masterclass

Respiratory Masterclass

Abdominal Short Case (Gastro/Haem/Renal)

Rheumatology Masterclass

Rostered weekly long and short cases from 4 April

Neurology short case Evening Series from March to July

Weekly rostered group short cases with Advanced Trainees

Weekly rostered long cases with Consultants

Saturday Trial Exam series commences from 16 April Prince of Wales and Wollongong

Group Long Cases/Masterclasses from May to July

HIV, Rheumatoid Arthritis, Renal Transplantation, Chronic Liver Disease (CLD),
Cystic Fibrosis, Haemoglobinopathy, Multiple Sclerosis, Coronary Disease,
Systemic Lupus Erythematosus, Obesity Long Case Masterclass,
Therapeutic Diets & Nutrition

Specialty Short Case Evenings from June to July

Cardiology Specialty Case Evening, Respiratory Specialty Case Evening,
Rheumatology Specialty Case Evening, Neurology Specialty Case Evening
Mixed Specialty case day (renal, Gastro, Endo, Haem/onc)

SOUTHERN SYDNEY RADIOLOGY TRAINING NETWORK (LAN 3)

Network Director of Radiology Training:

Dr Geoffrey Peretz

Local Directors of Radiology Training (POWH):

Dr Kevin Tay & Dr Robert Philips

Network Radiology Education Support Officer:

Danny Lim

The LAN 3 (NSW) Radiology Training Network (also known as the Southern NSW Radiology Training Network) is one of the largest Radiology training networks in Australia and New Zealand. The Network encompasses the following RANZCR accredited and linked training sites, exposing trainees to a broad mix of metropolitan, rural, public and private settings across NSW:

- Liverpool Hospital (incorporating Campbelltown Hospital, Bankstown Hospital, and Children's Hospital at Westmead) in south western Sydney
- Prince of Wales Hospital (incorporating Royal Hospital for Women, Sydney Children's Hospital Randwick, and Sydney Hospital/Sydney Eye Hospital) in Randwick, Sydney
- St George Hospital in Kogarah
- St Vincent's Hospital in Darlinghurst
- Wollongong Hospital in southern NSW & Regional Imaging (Wagga) in Wagga Wagga, NSW.

Our priority and goal is to recruit and train outstanding trainees and to produce world-class Radiologists.

WHAT OUR TRAINING PROGRAM OFFERS

We offer our trainees (ie. registrars) an exceptional 5-year training program in Diagnostic and Interventional Radiology, leading to accreditation as a Fellow of the Royal Australian and New Zealand College of Radiologists ("RANZCR") and the ability to practice as a RANZCR qualified Radiologist.

LAN 3 trainees gain significant Radiological work experience and training in a variety of medical imaging modalities (eg. X-ray, Ultrasound, CT, fluoroscopy, and MRI etc) and clinical subspecialties and may include:

- Emergency
- Body diagnostics
- Angiography and Interventional
- Nuclear medicine
- Musculoskeletal
- Paediatrics
- Breast imaging
- Gynaecology and Obstetrics
- Trauma radiology

WEEKLY DEPARTMENTAL CLINICAL-RADIOLOGICAL MEETINGS

Neuro-oncology (Brain Tumour) alternates with 0700 Spine meeting

Breast Imaging

Neurovascular

Paediatric renal

Chest Radiology

Neurology

Paediatric Orthopaedic

ICU

Palliative Care

Paediatric Neurology

Infectious diseases

Paediatric surgery

Paediatric oncology

PSYCHIATRY TRAINING NETWORK PROGRAM

Site Coordinator of Training (POWH)

Dr Diana McKay

POWH is part of the South Eastern Sydney Psychiatry Training Network, the largest psychiatry training network in New South Wales (Approximately 120 trainees). We provide a complete Royal Australian and New Zealand College of Psychiatrists (RANZCP) accredited program from Basic through to Proficient and completion of Advanced Training.

Trainees rotate through terms in adult, child and adolescent and consultation-liaison psychiatry and have a choice of additional placements including subspecialties as diverse as Old Age Psychiatry, Youth and Early Intervention, Forensic Psychiatry, Emergency Psychiatry, Addiction Psychiatry, Private Hospitals, Peri-Natal Psychiatry and Intellectual Disability Mental Health. There are internationally respected professorial units to which registrars can be allocated, with specific terms available at the Black Dog Institute (mood disorders), the Clinical Research Unit for Anxiety and Depression or CRUfAD (mood and anxiety disorders) and in Neuropsychiatry.

These hospitals are also affiliated with the University of New South Wales, University of Notre Dame, the University of Wollongong and rural academic units.

Trainees are provided with all the mandatory training required for RANZCP certification. All rotations within the training zone are RANZCP accredited with accredited supervisors who are familiar with the Training and Assessment Regulations and examination process of the College, with many being regular examiners for the RANZCP.

The program encourages the apprenticeship model of learning through various clinical rotations, supplemented with clinical and individual supervision, psychotherapy supervision, didactic teaching and exam preparation programs. Attendance, appropriate to the stage in training, at the NSW Institute of Psychiatry Postgraduate Course for Psychiatrists and at the didactic teaching programs of the respective RANZCP subspecialty Advanced Training Programs is strongly supported. South Eastern Sydney also conducts specific network training to prepare candidates for the RANZCP exams.

PSYCHIATRY PREVOCAATIONAL TRAINING POWH

Practical use of the mental health act/Tribunal report writing & presentation

Overview of MMSE, psychiatric assessment and risk assessment

Psychotic disorders

Common psychotropic medications and side effects

Mood Disorders

Child and Adolescent psychiatry

Psychodynamic theory and personality disorders

D&A comorbidity and treatment

Cognitive and capacity assessment

PRINCE OF WALES HOSPITAL ROTATIONS

Acute Inpatient Unit

Community Psychiatry (including early psychosis)

Mood Disorders Unit

Psychiatry of Old Age

Neuropsychiatry Institute

Psychiatric Emergency Care Centre

Consultation Liaison

Child and Adolescent

Mental Health Rehabilitation Unit

Langton Centre (Drug and Alcohol)

Intellectual Disability Mental Health

Peri-Natal Psychiatry

PSYCHIATRY REGISTRAR TRAINING POWH

Guns, Dementia, Mental Illness and the Clinician

Psychiatric Genetics

Domestic Violence Assessment
(Satisfies Mandatory Training requirement)

Assessment of the anxious patient

Molecular Genetics

Classification of Anxiety Disorders in DSM-5

Pharmacotherapy for Psychosis

Mendelian Genetics

Overview of social phobia: clinical presentation

Mentalisation-based therapy

Medically Unexplained Symptoms

Anxiety Disorders Series, Obsessive Compulsive Disorder

Cognitive Biases

Psychodynamic Psychotherapy

The Genetics of Schizophrenia

EEG Overview and Interpretation in Psychiatric Practice

EASTERN & GREATER SOUTHERN SURGICAL SKILLS (PRINCE OF WALES) TRAINING NETWORK

Director of Surgical Skills Training:

Dr Mark Muhlmann

The Prince of Wales Surgical Skills Training Network offers a comprehensive training program consisting of workshops, professional development, lectures, skills labs and career guidance for Surgical SRMOs, Unaccredited Surgical Trainees, RACS Surgical Education Trainees (SET) and PGY 1-2s interested in pursuing surgical careers.

The program is designed for candidates to develop core surgical competencies and to prepare for application to vocational training as part of an accredited SET position under the auspices of the Royal Australasian College of Surgeons.

We combine a long standing tradition of excellence in patient care and surgical training in subspecialty and general environments.

The Training Network consists of the following rotations: Prince of Wales Hospital, Sydney / Sydney Eye and Prince of Wales Private Hospital, Albury Base Hospital, Tamworth Base Hospital and Dubbo Base Hospital and also provides relief within the POW / Bankstown General Surgery SET network.

PRINCE OF WALES HOSPITAL SURGICAL SKILLS TRAINING PROGRAM – FORTNIGHTLY WEDNESDAYS 1730

Surgical Precautions, Instruments, diathermy

Wounds – classification, dressings, debridement, VACS, closure

Local Anaesthetics

Appropriate 'post-operative' opiate prescribing

Sutures, suturing and knot tying

Excising skin lesions, lumps and bumps

Interview Skills (for SET)

Perioperative life support
(Airways, Breathing, Circulation, transfusion)

Colorectal/breast cancer genetics

Local flaps, skin grafts, difficult wound closures

Difficult IDCs, suprapubic catheters

Establishing pneumoperitoneum for Laparoscopy

Vascular anastomoses/grafts

Bowel anastomoses

Preventing surgical site infection

Laparoscopic appendicectomy

Laparoscopic cholecystectomy

Open/Laparoscopic Inguinal hernia repair

Laparoscopic suturing

POWH MEDICAL GRAND ROUNDS

CAMPUS GRAND ROUNDS 2016

Special thanks to Teresa Mora-Karagiannis and Prof Chris White for their tireless enthusiasm and dedication to organising the POWH Grand Rounds Roster.

24/02	Nuclear Medicine “The in-vivo neuropathology” Prof Banati & Prof Monica Rossleigh
02/03	Surgery Department “Diabetes & Metabolic Surgery: The weighing of evidence” Dr David Links
09/03	Bullying in the Workplace “Do we Bully and Harass our Trainees?” Dr Andreas Loeffler, Prof Phil Truskett & Prof Phil Crowe
16/03	The Randwick Campus Redevelopment Clinical Service Plan Dr Patrick Bolton & Alison Sneddon
23/03	School of Women’s & Children’s Health “IVF: improved safety & new technology” Dr Juliette Koch, Dr Rachael Rogers & Prof William Ledger
30/04	Rheumatology Department “The (other) Great Imitator” Dr Shi-Nan Luong & Dr Jim Bertouch
06/04	Neurology Department “Lumping or splitting in Chronic Inflammatory Demyelinating Polyneuropathy” Dr Shaun Watson & Prof James Colebatch
13/04	Endocrine Department “Autoimmune thyroid disease: more than meets the eye” Dr Tamara Young & Prof Chris White
20/04	Cardiology Department “Cardiology Snapshots – what would you do?” Cardiology Fellows & Dr Greg Cranney
27/04	Respiratory Department “Oxygen too much of a good thing” Dr Ben Kolevski, Prof Nick Murray
04/05	Nephrology Department “Acute Kidney Injury – Something Old, Something New” Prof Zoltan Endre & Dr Julian Singer
11/05	ID Department “Another infection revolution: Hepatitis C” A/Prof Jeffrey Post
18/05	Haematology: “Malignancy & Thrombosis: update on Cancer Thrombosis” Dr Veena Gullapalli, Dr Giselle Kidson-Gerber & Dr Tim Brighton
25/05	Medical Oncology: “The Challenges of cancer survivorship – increasing survival, improving lives” Dr Kate Webber & Prof Craig Lewis
01/06	School of Women’s & Children’s Health “Identifying ovarian cancer risk alleles and prognostic markers using large patient cohorts” Prof Susan Ramus & Prof William Ledger

08/06	Anaesthesia “Managing a Peripartum Bloodbath – a Randwick Campus Overview” A/Prof Stephen Gatt
15/06	Toxicology “The ATOMS family” Drs Betty Chan & Angela Chiew
22/06	Radiation Oncology Department “Anal Cancer: The Bottom Line” Dr Stephen Thompson
06/07	Diabetes Centre “DKA 2° SGLTi – the dangers of turning symptoms into therapies” Dr Lucy Ding & Dr Ann Poynten
13/07	Aged Care “Caring brain care to advanced brain care” Assistant Prof Khan & Prof Gideon Caplan
20/07	“Ethics of late term abortion” Dr Sheahan
27/07	Academic Health Science Partnership Prof Les Bokey & Dr Patrick Bolton
03/08	Drug & Alcohol “Cannabinoid Hyperemesis: don’t throw the baby out with the bathwater” Dr Apo Demirkol
10/08	Nephrology Department “Cardiovascular Disease in CKD: Inflammatory Stiffening of Epidemic Proportions” Prof Zoltan Endre & Dr Kenneth Yong
17/08	Pain Management “The POWH Pain Management Program (PRISM) And Cortical stimulation for Pain” Tony Hollins, Sally Wajon, Emma Newton & Bernadette Bugeja
24/08	Palliative Care “Breathless in Sesi” Dr Meg Sands, Dr Andi Dimitri, Dr Antony Kodsi, Ms Trudy Hopkins & Dr Richard Chye
31/08	Rheumatology Department “BACKS to the future” Dr Shi-Nan Luong & Dr Debra Kennedy Prof Jim Bertouch
07/09	Haematology Department “Haematinics revisited” Dr Adrian Selim & Prof Rita Horvath
14/09	Clinical Chemistry “Critical results – closing the loop” Dr Phoebe Stanford, Dr Craig Campbell & Prof Rita Horvath
21/09	Respiratory “Developments in Cystic Fibrosis Management” Dr Anna Marie McCombie & Prof Nick Murray

CAMPUS GRAND ROUNDS 2016 *(continued)*

28/09	Neurology Department “Neurology: A speciality of curable diseases” Dr Michael Fong
05/10	POWH Clinical Education & the POWH JMO Education Survey Dr Arvin Damodaran, Dr David Murphy, Dr Nicholas Malouf, Dr Jordan McGrath & Dr Annmarie Bosco
12/10	Medical Oncology Department “Trials and Tribulations: an introduction to Scientia Clinical – Research and challenges of Phase 1 trials” Dr Charlotte Lemech
19/10	Obstetrics “It’s all in the timing: renal disease in pregnancy” Dr Sarah Chalak, Prof Sandra Lowe & Prof Zoltan Endre
26/10	The Albion Centre “HIV management issues; the drugs, kidneys & bones” Prof Don Smith
09/11	Dermatology Department “Cellulitis” Dr John Frew, Dr Ben Thompson & Dr Glenda Wood
16/11	ED “Spinal infections at POWH: Diagnostic challenges & Surgical management Dr David Murphy & Dr Peter Khong
23/11	ID Department “ANTIBIOTICS: Handle with care?” Dr Kate Clezy
30/11	NSW Organ and Tissue Donation Service “The past present and maybe a little future of organ donation & transplantation” Eleni Zahou & Dr Gordon Flynn

DEPARTMENTAL EDUCATION & TRAINING REPORTS

AGED CARE SERVICES

Head of Department: A/Prof Gideon Caplan
All Staff Specialists supervise: Basic and Advanced Trainees
Medical Student Supervisor: Dr Lyndal Newton
Nursing Educator: Cherie Hooker

TRAINEES 2016

Specialist medical traineeships in Geriatric medicine rotate through acute geriatrics, medical assessment unit, rehabilitation medicine, post-acute services, community geriatrics, orthogeriatrics, surgical liaison service and other aged care specific services. There are links with research institutions such as Neuroscience Research Australia (NeuRa).

Undergraduate Training Supervision

Associate teaching hospital of UNSW (Medical, nursing, allied), Nursing and Allied Health Students from various other universities

Postgraduate Training Supervision

12 Basic Physician Trainees, 6 Advanced Trainees, 1 Fellow

REGISTRAR ACHIEVEMENTS

Congratulations to 2015 and 2016 prizes for best AT presentation at Australian and New Zealand Society for Geriatric Medicine Annual Scientific Meeting to POWH ATs Drs Mark Hohenberg and Julia Nelson

Tow Prize Clinical Division Winner: Dr Julia Nelson

Congratulations to Dr Andrew Milne on receiving a 2016 Research Scholarship from the Australasian Delirium Association

EDUCATIONAL ACTIVITIES

- Weekly RMO/intern teaching – usually Thursday 2-3pm
- Weekly inter-disciplinary teaching Thursday 1-2pm
- Journal club alt Mondays during term time 5-6pm
- Palliative care teaching- attendance welcome alt Tuesday pm 2-3pm (registrars only)
- Grand Rounds on a Wednesday morning at 8am.
- Interns and RMOs also have protected teaching time for two hours a week.
- Geriatric Grand Rounds open to all staff and students Thursday 1pm Edmund Blacket Function Room.
- Geriatric Journal Club alternate Mondays 5pm; JMO teaching weekly on Thursdays.



Prof Jacqui Close, Invited Speaker at the ECMN Annual Dinner January 2016

AGED CARE NURSING Cherie Hooker, Aged Care Nursing Educator

The aims of the Aged Care Nursing Continuing Education and Practice Development Forum is:

- To develop a program following a needs analysis from Essentials of Care data and Aged Care Quality and Patient Safety data that identifies educational requirements for nurses in the Aged Care specialty units.
- To provide nurses with continuing knowledge base in aged care nursing through the provision of an interactive education program and promote practice development.
- To enable nurses to develop the clinical and theoretical skills required to optimize care of the older hospitalised person using best practice principles.

Opportunities for learning are made available with a weekly education program in both acute and rehabilitation aged care wards, generated by the Nurse Educator in aged care. The EOC vision for Parkes Level 6 is "Acute Aged Care Nurses take pride in meeting the challenge of this specialty through our clinical expertise & collaborative approach. We promote safe practice, holistic and person centred care."

The EOC main focus for 2016 was:

- Self-Care
- Heart of Caring
- Tidy ward working environment

The EOC values and purpose for P5 Aged Care Rehabilitation is: "To provide quality person centred care".

Topics for 2016 were:

- Rehabilitation Nursing Model (see attachment)
- Structured Interdisciplinary Bedside Rounds and Goal Setting

Data generated from Incident Information Management System (IIMS) is brought to the monthly Aged Care Health Quality and Patient Safety Committee. Education and practice development is implemented arising from this data.

The education & practice development provides a forum to implement root cause analysis (RCA), SAC 1 and SAC 2 recommendations from the Aged Care Quality & Patient Safety committee with the aim to improve safety & outcomes in care. The main needs for 2016 were:

- Falls prevention and management
- Medication safety
- Criteria Led Discharge.

Community education initiatives: Our Department participates in POW education program for GPs and community education programs for carers of people with dementia

Volunteer work: ReVIVE volunteers assist with delirium prevention on Parkes Levels 5 & 6

ADULT INTENSIVE CARE UNIT

Head of Department:	Dr David Collins
Supervisors of Training for:	
Registrars & Senior registrars:	Dr David Bihari
Residents:	Dr David Collins
ICU Nurse Educators:	Caroline Laurie, Maureen O'Brien, Emma Birrell, Cherie Ellis
Physiotherapy Educator:	Nicholas Mendis

TRAINEES 2016

Fellows:	5.0 FTE
Advanced Trainees:	3.0 FTE

NURSING EDUCATION

ORIENTATION

Orientation in ICU is an intensive two weeks. We use the hospital unit based orientation sign off along with a specific ICU sign off form.

- Last year we created the Professional Development Pathway. The purpose of this pathway is to guide registered nurses while they develop their skill and knowledge base in Intensive Care. It is the expectation that all registered nurses continue their professional development to ensure the patients receive the highest quality evidence based care at all times.
- The different clinical levels are designed to meet the needs of all nurses although we acknowledge that people will commence with a variety of experience. Within the first 2 weeks of employment each nurse will meet with the Nurse Educator (NE) to discuss their experience and identify any areas for recognition of prior learning.
- The professional development pathway will be used to provide guidance to in charge nurses about patient profiles that different clinicians are expected to be able to provide care for within their scope of practice. Nurses will keep their portfolio's in the AICU and take them to performance appraisals and while meeting with their preceptor.

TRANSITION TO PRACTICE PROGRAM

Clinical Certificate Program

- Is an established ongoing education program targeting advanced knowledge and skills in acute and critical care nursing.
- Commenced in 2010 to support AICU educational requirements in line with professional activity time, however is now advertised with large attendance by CTICU, Private ICU, CCU and Acute Spinal Unit.
- All workshops are 4hours in duration with 15 workshops advertised per year.
- Covering a range of therapies and topics including Continuous Renal Replacement Therapies, Acute Head Injuries, and Acute Spinal Injury Management in ICU, Respiratory and Advanced Ventilation Workshop, End of Life Care in ICU and advanced cardiac therapies and Haemodynamic Monitoring Course.
- Attended by cardiothoracic ICU, Private ICU and CCU staff as well as casual pool critical care nurses.

NURSING EDUCATION (continued)

MDT and High Fidelity Simulation Training

The Multi-Disciplinary Simulation day was created for Critical care Nurses and Resident Doctors providing exposure to common emergency situations in ICU

Utilise high fidelity simulation, candidates are asked to act in their normal role in a given scenario within an MDT approach. Each Candidate takes part in 2 scenarios and each scenario is debriefed by their peers and the Simulation Faculty.

Crisis Resource management debriefing is utilised to reflect upon the soft skills of the candidates and local procedures and protocols are revised which are particular to that scenario.

The course runs over 4 hours taking place in the Glenn McEnallay Simulation Centre. Each scenario takes approx. 20mins with a 30 minute debriefing. The scenarios are filmed live so that the candidates' peers can be involved in the debriefing session providing vital feedback for all candidates.

IN-SERVICE CALENDAR

- Laryngectomy Care – Paula Gunner
- GlideScope – Laure from GldScope
- Organ Donation Process Elani Zahou
- ALS scenario – Caroline Laurie
- FlexiSeal – ConvaTec Representative
- Hand Hygiene and Looking after your hands – Kenda Xu
- F&P 950 Humidifier – Adam Phillis
- PIP and Barrier Cream Cloths
- Prismaflex Hands on Practise
- EV100 – Karen Burtenshaw
- LOSS Program – Melissa Riegel
- Organ Donation (Organisation, clinical trigger, referral process and donation)
- PIP Arterial line and Patient positioning
- Documentation of CPD as per APHRA for Audit and what to do if you are audited

ICU NURSING SYMPOSIUM

- Prince of Wales Hospital ICU and St George Hospital ICU symposium is directed at experienced Intensive Care nurses and to give an opportunity for staff at the two units to do short presentations. The day will focus on current topics of interest and feature presentations from invited speakers.
- Last year Shona Haigh presented on the importance of MDT simulation
- Caroline Laurie presented on An Intensive Journey
- Anita Hartati presented a case study on Spinal Injuries.
- Dr Bihari presented The Grumpy Old Man
- Suzie 8 Ub]Y`g (ICU 8]Yh]ub) presented on Assessing Nutritional Requirements
- The 2016 Symposium was coordinated by Caroline Laurie who organised the sponsors, catering, registration process, gifts, speakers, and coordinated the day.

ICU GRAND ROUNDS: Weekly in-services presented by different guest speakers aimed at multidisciplinary team

NURSING GROUND ROUNDS: Caroline Laurie & Emma Birrell presented on Stroke Management in ICU

UNIVERSITY LECTURING

Rachel – Seasonal/ Casual Tutor at University of Wollongong
 Rachel – Lecture Sydney University – Masters of Critical Care
 Caroline – Lecture Sydney University – Masters of Critical Care
 Rachel – Lecture College of Nursing – Graduate Certificate ICU

CONFERENCE PRESENTATIONS

Rachel, Caroline, Karlie Foster, Sinead – Code Blue Crash Course.

ICU POST GRADUATE CERTIFICATE

Margaret Dunnigam, Ciara Sherlock, Christian Van Reede, Chelcie Collins, Claire Ward, Gillian Shanahan, Lucy Mahoney.

PLACEMENT OF UNDERGRADUATE NURSING STUDENTS IN ICU:

Up to 4 students are in ICU at any one time

ADDITIONAL HOSPITAL AND LHD WIDE EDUCATIONAL PROGRAMS:

Clinical Certificate Program (PAT compatible in-house certificate program = 15 x 4 hour workshops. Attended by cardiothoracic ICU, Private ICU and CCU staff as well as casual pool critical care nurses)

Australian Resuscitation Council accredited training course in ILS with the view of expanding to ALS2

ICU CAFÉ Leadership development program. Co-facilitated in conjunction with Nicolas Yu. Attended by AICU, Cardiothoracic ICU, Royal hospital for women NICU and Sydney Children's Hospital PICU

ICU Nursing provides extensive education for ongoing Ventilator dependant services in the community, for example, education provided to spinal patients and their carers on ventilation, circuit changes, safety and emergency management.

PHYSIOTHERAPY EDUCATION

Staffing 1.42 FTE plus significant involvement of physiotherapy educator and students

Monday to Friday there are generally 2 of the 4 students in rotation assisted and supervised by the senior physiotherapist and educator.

Students attend for a 5 week block and there are 9 student blocks through the year. We support approximately 36 physio students a year, across 45 weeks of the school year.

The educator gives daily tutorials in respiratory, cardiothoracic and neurologic anatomy and physiology with a focus on current patients as case studies.

The senior therapist gives close supervision at all treatments as needed and aides the teaching of hands on skills. The focus is always safety and efficacy in a challenging environment.

Additional teaching and training goes on during the week for general medical, surgical and physiology by several senior therapists. This consists of workshops, in services, journal club and informal teaching to specific questions.

The senior physiotherapist and educator do teaching of respiratory assessments, chest x-rays and spinal care to several nursing course such as The Acute Care Foundation. Physiotherapists are also involved in promoting Early Mobility/ Rehabilitation as a goal of therapy.

MEDICAL

Teaching in the AICU is focused on JMO education. ICU also teaches undergraduate medical students from UNSW and external visiting students.

Formal teaching includes:

Monday - Sunday	Consultant Bedside Teaching	
Tuesday	Patient-case-based presentation from JMOs	AICU Grand Rounds
Wednesday	Patient-case-based presentation from JMOs	
Thursday	Morbidity and mortality	Anaesthetic, ICU primary viva practice sessions for Trainees
Friday	Journal Club	

An ICU Consultant holds a monthly **Advanced Life Support Course** at the Glenn McEnallay Simulation Centre with full Simulation Suite. This is attended by JMOs & nursing staff from Randwick and Sydney Hospital.

Twice a year, we host the **Sydney Intensive Care Network (SIN) Meeting**, which is attended by more than 40 people, including ICU Consultants, JMOs, fellows, medical students, nursing staff, physiotherapists, other allied health, POW ED and other non-ICU Staff, SIN staff and members

Sydney Intensive Care Long Course: 4 times a year. The examiners appearing for the ICU fellowship exam come to POWH for Viva and 'Hot case' practice. Two of these sessions are attended by up to six examinees. The other two are attended by up to 12 examinees; who are examined by 8 ICU specialists.

PHARMACY

Consistently and formally, pharmacy does the ACFC course (vasoactive drugs), and otherwise informal teaching occurs on the ward. We occasionally train pharmacy students and interns.

ANAESTHESIA & PAIN and HYPERBARIC SERVICES

Head of Department: Dr Robert Turner (Administrative);
Prof Michael Bennett (Academic)

Supervisor of Training: Dr Alan Rubenstein

TRAINEES 2016:

4 Fellows, 32 Accredited Registrars, 4 Critical Care Senior Resident Medical Officers (SRMOs)

College affiliation, accreditation: ANZCA

REGISTRAR ACHIEVEMENTS

Congratulations to our trainees who completed their Primary exams: 4 of 4 successful.

FANZCA final exam: 5 sat, 5 successful.

Extra courses run/held: CICO simulation training sessions.

WALES ANAESTHESIA WEEKLY MEETING PROGRAM

INTRODUCTION

The Wales Anaesthesia weekly academic and administrative program designed to:

1. Enhance the academic life of anaesthesia and related specialities
2. Improve attendance of senior staff at the registrar teaching program
3. Increase the opportunity to utilize the depth of knowledge and experience of the senior staff within the teaching program.
4. To increase the frequency of local ‘guest’ lectures from associated specialities and other anaesthetic services in Sydney
5. Establish a regular and predictable schedule of senior staff, research group and Anaesthesia Executive Committee meetings
6. Allow more time for quality activities

An example of our weekly Educational Program

	1/2	8/2	15/2	22/2		
16:00 – 16:30	Registrar tutorial	Registrar tutorial	Registrar tutorial	Registrar tutorial	AQAM and AIMS	
16:30 – 17:00						
17:00 – 17:30	Consultant session	Consultant session	EBM in anaesthesia 1 Mike Bennett	Journal Club Dr. David Sandeman		
17:30 – 18:00						
18:00 – 19:00			EBM in anaesthesia II Prof Mike Bennett	Research Group		AEC Meeting

THE STRUCTURE

One afternoon each week allocated to administrative and academic activity within the Wales Anaesthesia group.

The schedule will run most weeks from 16:00 to 18:30 and all members of Wales Anaesthesia are encouraged to attend as much of the program as they are able.

On the ‘academic afternoon’ all junior staff will be expected to attend the relevant sessions and senior staff are instructed to release them from clinical duties except when patient care demands otherwise. An attendance record for all staff will be kept and will assist with performance evaluation.

The sessions are organised according to the following plan:

- 3-4 registrar tutorials
- 2 consultant teaching sessions
- 1-2 guest lectures (both from other specialities within Campus and other anaesthetic departments)
- Monthly AQAM and AIMS extended to 90 minutes
- Monthly Journal Club
- Monthly Anaesthetic Research Group meeting
- Second monthly Senior Staff Meetings
- Second monthly Anaesthesia Executive Committee Meetings

GLOBAL HEALTH

1. Interplast team to treat cleft palates from Plastic Surgery and Anaesthesia in late September to Cagayan de Oro in the Phillipines (Dr. Iain Stewart)
2. Two of our staff do regular sessions every few months training people in resuscitation for children (Resus4Kids) trainers (myself, Nat Rogoff, Gretel Davidson)
3. Three members of staff work as medical officers on the NSW Ambulance retrieval team at Careflight (Jess Smith, Lucas Fox and Mark Tahmindjis)
4. Jess Smith does an annual trip with Open Heart International, Orthopaedic Outreach
5. Ian Woodforth and Phil Black make an annual cleft lip and palate trip with a combined Australian and US team to Cebu, Phillipines each May to do cleft lip and palate repairs.

SOME 2016 PUBLICATIONS FROM OUR DEPARTMENT

Mutluoglu M, Uzun G, Bennett M, Germonpré P, Smart D, Mathieu D. Poorly designed research does not help clarify the role of hyperbaric oxygen in the treatment of chronic diabetic foot ulcers. *Diving and hyperbaric medicine*. 2016 Sep;46(3):133.
Gomes S, Cranney G, Bennett M, Giles R. Lead Extraction for Treatment of Cardiac Device Infection: A 20-Year Single Centre Experience. *Heart, Lung and Circulation*. 2016 Aug 12.

Gomes S, Cranney G, Bennett M, Giles R. Long-Term Outcomes Following Transvenous Lead Extraction. *Pacing and Clinical Electrophysiology*. 2016 Feb 1.

International Surgical Outcomes Study group. Global patient outcomes after elective surgery: prospective cohort study in 27 low-, middle- and high-income countries. *British Journal of Anaesthesia*. 2016 Nov 1;117(5):601-9.

Bennett M. Hyperbaric oxygen therapy for chronic bowel dysfunction after pelvic radiotherapy. *The Lancet Oncology*. 2016;4(17):e129-30.

Diving and Subaquatic Medicine Textbook. Edmonds C, Bennett M, Lippman J, Mitchell S. (Eds). Fifth edition, CRC Press, Hong Kong September 2016

Mutluoglu M, Uzun G, Bennett M, Germonpré P, Smart D, Mathieu D. Poorly designed research does not help clarify the role of hyperbaric oxygen in the treatment of chronic diabetic foot ulcers. *Diving Hyperb Med*. 2016 Sep;46(3):133-134.

Pre-emptive treatment with hyperbaric oxygen following radiation therapy for head and neck cancer may prevent the onset of late radiation tissue injury. Wood D, Bennett M. *Diving Hyperb Med*. 2016 Jun;46(2):124.

Hyperbaric oxygen therapy for chronic bowel dysfunction after pelvic radiotherapy. Bennett M. *Lancet Oncol*. 2016 Apr;17(4):e129-30. Doi: 10.1016/S1470-2045(16)00110-8.

Bennett MH, Feldmeier J, Hampson NB, Smee R, Milross C. Hyperbaric oxygen therapy for late radiation tissue injury. *Cochrane Database Syst Rev*. 2016 Apr 28;4:CD005005. Doi: 10.1002/14651858.CD005005.pub4. Review.



CARDIOLOGY

Head of Department & Director of Echocardiography:

Dr Greg Cranney

Director Coronary Care Unit:

Dr Sze-Yuan Ooi

Director Cardiac Catheterisation Laboratories:

Assoc Prof Nigel Jepson

Supervisors Cardiology BPT Training:

Drs Virag Kushwaha & Nigel Jepson

Supervisors Cardiology Intern/RMO Training:

Drs Gita Mathur & Nigel Jepson

TRAINEES 2016:

Our Department employs 3 Cardiology Advanced Trainees who alternate between:

- Ward (CCU, 3N supervision, ward consults)
- Imaging (Echo lab, CTCA, CMR, Intra-operative echo)
- Catheter Laboratory

2.0 FTE Fellows: Interventional Cardiology; Imaging Fellow

FORMAL EDUCATIONAL ACTIVITIES

- Nigel Jepson is the POWH Clinical School coordinator for Phase III student attachments to the Cardiology Department.
 - Weekly case-based tutorials under Dr Jepson
 - Weekly bedside tutorials under various consultants/fellows
 - Didactic tutorials under various consultants/fellows
- Sean Gomes and Ben Ng run a weekly ECG tutorial for students, JMOs & BPTs
- Virag Kushwaha runs tutorials for cardiology-based cases ED trainees
- Virag Kushwaha supervises echocardiography training for ED trainees
- BPT Training
 - Sze-Yuan Ooi runs the cardiology clinical short case master class annually
 - Sze-Yuan Ooi, Antony Lau and Virag Kushwaha take BPTs for long cases
 - Advanced trainees and fellows do short cases with BPTs
 - Various members of staff organise & run the Cardiology Short Case Day
- Ben Ng and Praveen Indraratna participate in the POWH Clinical Examination Project, teaching JMOs and students clinical exam skills
- Antony Lau supervises Independent Learning Project (ILP) Phase II students
- Various advanced trainees have given the 'Warm Hands, Warm Feet' lecture for the DETECT course, run several times per year.

CARDIOLOGY NURSING

CONGRATULATIONS TO:

Emma Devlin NUM 3N who completed her Masters in Health Leadership and Management

Nikita Donnelly CNS CCU who completed her Masters in Health Specialisation (Critical Care)

Some of the educational achievements of 3N and CCU in 2016 include:

Rhythm and 12 lead ECG interpretation workshops

- to date 47 have enrolled in rhythm interpretation
- to date 22 have enrolled in 12 lead interpretation

CCU achieved its goal of having 100% of its full time RN's ALS competent (up from 80% in 2015)

3N achieved its goal of having 50% of full time RN's ALS competent (up from close to 10% in 2015)

We have also introduced simulation learning into our education calendar fortnightly. Using our new ALSi simulation equipment (purchased with a grant from the foundation), we have been able to do hands on education for clinical staff which has increased their knowledge and competence in caring for deteriorating patients.

OTHER EDUCATIONAL EVENTS

Dr Nigel Jepson has had multiple invited lectures in 2016.

9th Coronary Bifurcation Summit – CBS, Nanjing, China

- Bioresorbable scaffolds in real-world coronary disease and bifurcations – Australian experience - 2 December
- Bifurcation PCI – OCT assessment of provisional strategy. Absorb BVS vs Everolimus eluting DES - 2 December
- Double kiss crush technique using a hybrid strategy of Absorb BVS and DES: lecture and case report – 3 December

ANZCCT, Brisbane, Australia

- Bifurcation PCI – Current concepts and insights from the European Bifurcation Club - 18 November

12th European Bifurcation Club, Rotterdam, Netherlands

- Final results of an in-vivo OCT analysis comparing an everolimus eluting biodegradable scaffold with a second generation metallic drug eluting stent in coronary bifurcation lesions – 15 October

Complex Cardiovascular Catheter Therapeutics (C3), Orlando, USA

- SKS and V stenting – Proper technique and when to do it? – 29 June
- Optimal BRS implant technique and when not to implant scaffolds – 29 June.

EuroPCR, Paris, France

- In vivo evaluation of the provisional strategy for an everolimus-eluting bioresorbable scaffold in coronary bifurcation lesions –

OCT analysis – 19 May

- Bioresorbable Scaffolds in Complex Bifurcation Lesions – 20 May

TCTAP, Seoul, South Korea

- Optimizing BVS Implantation technique in real world disease - 27 April
- Real World BVS Implantation - OCT Guided or Angiography Guided? - 26 April

OCT Centre of Excellence Forum, Melbourne, Australia.

- OCT Guided PCI - 26 February

Dr Sze-Yuan Ooi

Biotronik Expert Viewpoints – Sydney

- Chairperson – 19-20 March
- PCI - Absorbable scaffolds – 19 March

Cardiostim-EHRA Europace – Nice, France

- Improving Patient Outcomes in Arrhythmia Management - First Experience with the New BioMonitor 2 Insertable Cardiac Monitor with Home Monitoring – 9 June

Dr Antony Lau

Gen Re Risk Forum (Insurance industry)

ALUCA Education Session (Insurance industry)

Dr Antony Lau went on a Lecture Tour of Singapore & Malaysia

5 Aug: 10th Asian Society of CV Imaging (ASCI) Congress 2016, Singapore

Keynote speaker: How imaging can guide lipid lowering therapy?

Lecture: Role of Non-Statins in Dyslipidemia Management – What the recent guidelines recommend? In Johor Baru, Penang, Kuching and Kuala Lumpur

Dr Lau also gave lectures to GPs: 19 Sep: Port Macquarie; 1 Nov: Webinar to all NSW GPs ; 30 Nov: NOAC update, Chatswood and to Cardiologists; 9 Nov: ESC Update, Gold Coast; 14 Dec: ESC & AHA Update, Sydney

CONFERENCE ABSTRACTS/PRESENTATIONS

- Liou K, Ooi S, Jepson N. Bifurcation Percutaneous Coronary Intervention With Bio-resorbable Scaffolds: Pushing the Boundary. *Heart Lung and Circulation* 2016;25S:S166-167.
- Liou K, Allan M, Ng B, Isbister J, Kellar P, Jepson N, Ooi S. Percutaneous Coronary Intervention in the Very Elderly Patients (>80): Comparison of Efficacy and Safety Outcomes with the Younger Cohort. *Heart Lung and Circulation* 2016;25S:S187.
- Liou K, Jepson N, Kushwaha V, Yu J, Ooi SY. TCT-543 Calculation of Serial Index of Microvascular Resistance with Adjusted Wedge Pressure in Patients with Non-ST Elevation Acute Coronary Syndrome. *Journal of the American College of Cardiology*. 2016 Nov 1;68(18):B219.
- Liou K, Jepson N, Kushwaha V, Yu J, Cranney G, Ooi SY. TCT-526 The Index of Microvascular Resistance Predicts Immediate Recovery of Left Ventricular Systolic Function Following PCI in Patients with NSTEMI. *Journal of the American College of Cardiology*. 2016 Nov 1;68(18):B212.
- Lynch C, Sarathy K, Yu J, Jepson N, Ooi S, Liou K. Radial vs Femoral Access for Coronary Angiography and Intervention in the Elderly (>75) - A Meta-Analysis. *Heart Lung and Circulation* 2016;25S:S192.
- Lynch C, Sarathy K, Yu J, Jepson N, Ooi SY, Liou K. TCT-364 Radial vs Femoral Access for Coronary Angiography and Intervention in the Elderly (> 75)-a Meta-analysis and Subgroup Analysis (All studies vs Octagenarian studies, N. America studies vs Rest of the World studies). *Journal of the American College of Cardiology*. 2016 Nov 1;68(18):B149.
- Ng B, Jepson N, Alford K. More than a mere case of pericarditis? *Heart Lung and Circulation* 2016;25S:S274.
- Ng B, Singarayar S, Hellestrand K, Illes P, Mohamed U, Razak S, Weerasooriya R, Ooi SY. Biomonitor 2 Pilot Study: First-in-human experience with the implantation of the Biotronik Biomonitor 2 implantable cardiac monitor. Abstract presented at Heart Rhythm Society (HRS) Scientific Sessions. 2016 May 4-7. San Francisco, USA.
- Ng B, Singarayar S, Hellestrand K, Illes P, Mohamed U, Razak S, Weerasooriya R, Ooi SY. BioMonitor 2 Pilot Study: Subcutaneous Electrocardiograms Transmitted by Home Monitoring. Abstract presented at Cardiostim EHRA Europace Conference. 2016 June 8-11. Nice, France.
- Ng B, Singarayar S, Hellestrand K, Illes P, Mohamed U, Razak S, Weerasooriya R, Ooi SY. BioMonitor 2 Pilot Study: First experience with the Biotronik BioMonitor 2 implantable cardiac monitor. Abstract presented at Cardiostim EHRA Europace Conference. 2016 June 8-11. Nice, France.
- Sarathy K, Sammel T, Friedman D, Lambros J. PCI in active coronary giant cell arteritis. Oral presentation at Congress of the European Association of Percutaneous Cardiovascular Interventions (EuroPCR) 2016. 2016 May 17-20. Paris, France.

VOLUNTEER PROJECTS:

Dr Antony Lau is the President and 1st violinist of the North Sydney Symphony Orchestra, President of the North Sydney Youth Symphony Orchestra and President of the NSW Youth Orchestras. He is also a Committee member and 1st violinist of the NSW Doctors Orchestra.

GLOBAL HEALTH

Dr Nigel Jepson conducts annual visits performing voluntary diagnostic and interventional coronary procedures at the Commonwealth War Memorial Public Hospital in Suva, Fiji.

PUBLICATIONS

- Chen D, Jepson N. Coronary stent technology – A narrative review. *Med J Australia* 2016;205(6):277-281.
- Liou K, Jepson N, Cao C, Luo R, Pala P, Ooi S. Drug-eluting balloon versus second generation drug eluting stents in the treatment of in-stent restenosis: A systematic review and meta-analysis. *Heart Lung and Circulation* 2016;25(12):1184-1194.
- Liou K, Jepson N. Bioresorbable scaffold - the holy grail of coronary intervention: fact or myth. *J Thorac Dis.* 2016 Jul;8(7):E589-92
- Spies M, Robaei D, Baker L, Jepson N. Mediastinal haematoma complicating percutaneous coronary intervention via the radial artery. *Asia Intervention* 2016;2:48.
- Liou K, Ho S, Fildes J, Ooi SY. High intensity interval versus moderate intensity continuous training in patients with coronary artery disease: a meta-analysis of physiological and clinical parameters. *Heart, Lung and Circulation.* 2016 Feb 29;25(2):166-74.
- Liou K, Jepson N, Buckley N, Chen V, Thomas S, Russell EA, Ooi SY. Design and Rationale for the Endothelin-1 Receptor Antagonism in the Prevention of Microvascular Injury in Patients with non-ST Elevation Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention (ENDORA-PCI) Trial. *Cardiovascular Drugs and Therapy.* 2016 Apr 1;30(2):169-75.
- Liou K, Negishi K, Ho S, Russell EA, Cranney G, Ooi SY. Detection of obstructive coronary artery disease using peak systolic global longitudinal strain derived by two-dimensional speckle-tracking: a systematic review and meta-analysis. *Journal of the American Society of Echocardiography.* 2016 Aug 31;29(8):724-35.
- Nagaraja V, Ooi SY, Nolan J, Large A, De Belder M, Ludman P, Bagur R, Curzen N, Matsukage T, Yoshimachi F, Kwok CS. Impact of Incomplete Percutaneous Revascularization in Patients With Multivessel Coronary Artery Disease: A Systematic Review and Meta-Analysis. *Journal of the American Heart Association.* 2016 Dec 1;5(12):e004598.
- Robaei D, Carlyle A, Jepson N. Full bioresorbable jacket: an alternative to very long segment metallic stenting in a young patient with diffuse coronary disease – late invasive and non-invasive angiographic follow-up. *International Journal of Cardiology.* 2016;223:361-36
- Robaei D, Back L, Ooi S, Pitney M, Jepson N. Twelve month outcomes with a bioresorbable everolimus-eluting scaffold: results of the E SHC-BVS registry at two Australian centres. *Journal of Invasive Cardiology* 2016;28(8):316-322.
- Roy J, Akhunj Z, Kushwaha V, Mackie J, Jepson N. Pheochromocytoma presenting with labile blood pressures following coronary artery bypass surgery *J Card Surg.* 2016 Dec;31(12):721-724
- Teng N, Maghzal G, Talib J, Rashid I, Lau AK, Stocker R. The roles of myeloperoxidase in coronary artery disease and its potential implication in plaque rupture. *Redox Report* 25 Nov 2016:1-23.
- Wickremaarachchi C, Olinga J, Ooi SY, Cranney G. Complete Angiographic Resolution of Cocaine Induced Coronary Artery Dissection within Eight Days without Coronary Stenting-A Case Report. *Heart, Lung and Circulation.* 2016 Feb 29;25(2):e24-8

CARDIOTHORACIC SURGERY

Head of Department: Dr Peter Grant

Nursing Report by Sarka Hartmannova - CNE

Sarka Hartmannova presented a quality improvement project on Implementation of ROTEM at the POWH Quality Improvement course. Sarka is also presenting an article about point of care coagulation in Monograph this year.

Currently, the Cardiothoracic Nursing Staff have x 2 nurses studying postgraduate certificates and x 2 nurses studying postgraduate diplomas.

OTHER NURSING EDUCATION ACHIEVEMENTS

- Unit's values statement displayed
- Regular education through weekly in-services, hospital courses and unit specific learning packages available
- 100% compliance with mandatory training (documented by CNE)
- Improved clinical supervision, including preceptorship structure, mentoring and peer-coaching
- Communication & Allocation book maintained and readily available for all staff
- Leadership structure established & reflected on unit's guidelines documents

- Audits undertaken include DD's, Environmental and Infection Control (documented & filed)
- Monthly staff meetings & minutes displayed in the 'Meeting minutes' Folder
- Effective co-operation & collaboration within cardiac program: collaborative safety & quality & practice improvement meetings, exchange learning sessions.
- CNS Development Tools available
- Education Board with educational promotion & encouragement, courses and scholarships
- Simulation scenarios & education developed in collaboration with CTICU



Perioperative Point of Care Coagulation Management Project



Sarka Hartmannova (Clinical Nurse Educator), Andrew Lahanas (Director of Clinical Perfusion), Dr Michael Beaudoin (Director of Cardiothoracic Anaesthesia), Dr Catherine Downs (Consultant Cardiothoracic Anaesthetist)
Cardiothoracic Theatres, Prince of Wales and Sydney Children's Hospitals, Randwick, NSW

<p>Introduction</p> <p>Cardiac surgery is associated with a high risk of bleeding. A large multicentre study of patients undergoing high-risk cardiac surgery found 66% required a blood transfusion.¹</p> <p>Blood product transfusions result in increased morbidity and mortality. The cost of blood and blood products administered to cardiac surgical patients at the Prince of Wales and Sydney Children's Cardiac Unit over the last 12 months was over one million dollars.</p> <p>Real time, bedside "point of care testing" of blood clotting to guide transfusion of blood products has been used in other cardiac units with dramatic reductions in transfusion. This project aims to bring this technology to our patients.</p>	<p>New technologies</p> <p>Recently, rotational thromboelastometry has brought coagulation testing to the patient's bedside. The ROTEM sigma (Haemonetic, Brisbane, Australia) is fully automated, requiring only a four test cartridge and a standard blood collection tube. It requires a basic competency to run tests. By interpreting the results it is possible to identify which coagulation factors are required within a few minutes of obtaining samples.</p> <p>Research demonstrates that introduction of ROTEM helps guide clinicians in managing a bleeding patient, giving only what is needed and reducing by 39% the overall transfusion of blood products.²</p> <p>Thromboelastometry trials POW/SCH</p> <p>Three devices for thromboelastography have been trialed in the cardiothoracic unit at POW/SCH. The original manual pipetting version ROTEM delta was trialed in 2014, and the cartridge based TEG 05 (Haemonetic, MA, USA) in 2015. The cartridge based ROTEM sigma was trialed in July 2015.</p> <p>In August 2015, after several meetings, it was concluded that the ROTEM Sigma is preferable, especially when considering the technology is based on the ROTEM Delta which has been clinically verified in many studies after years of use.</p> <p>A donation of \$41,594 was received from a community member who had been made aware of our project.</p>	<p>Methods</p> <p>There are two phases to this project, so mixed methods of research analysis are required. For the first phase, an interpretive analysis has been used.³</p> <p>A focus group including anaesthetists, perfusionists, educators, haematologists and laboratory representatives along with hospital management, explored the potential for effective implementation of this practice advancement. A plan of action was created addressing issues including ownership and location of the devices, logistics and quality control, maintenance and standard operating procedures.</p> <p>For the second phase of ongoing audit and practice improvement, quantitative analysis will be used.</p> <div data-bbox="845 1657 1085 1881"> <p>Framework for implementation:</p> </div> <p>Current algorithms exist for the treatment of bleeding based on ROTEM data (e.g. Prince Charles, Gold Coast Hospital). These are a variation of these can be used to direct treatment when first implementing our program. Local algorithms will be developed to define when testing will be performed and to guide interpretation of results and management of transfusion in theatres and Intensive care.</p> <p>This image shows a result of a blood clotting sample. This shows the strength of a clot over 60 minutes.</p> <div data-bbox="925 1993 1149 2128"> </div>	<p>Present Phase</p> <ul style="list-style-type: none"> ➢ The ROTEM system will arrive in December 2015. ➢ A leader will be appointed from each clinical group. ➢ Algorithms for when and how to use the test will be finalised. ➢ A competency will be developed to ensure standard operating procedures are followed. ➢ Education of staff in interpretation of results will be coordinated prior to implementation. ➢ An audit process will allow a comparison of blood product utilisation for the six months prior to and following implementation of the ROTEM system. <p>Future Direction</p> <p>Once point of care coagulation testing has been established in Cardiothoracic Surgery at POWH, its application to other clinical areas can be explored.</p> <p>Massive bleeding can occur in obstetrics and other surgical areas such as liver surgery. Future possibilities exist for improved patient care beyond the realm of cardiac surgery.</p>	<p>Acknowledgements:</p> <p>Nesty Rivas, Safety & Health Outcomes Officer POWH Bronwyn Peabax, Critical Nurse Consultant, The Prince Charles Hospital, Brisbane.</p> <p>References:</p> <ol style="list-style-type: none"> 1. Ferguson DA, Hebert PC, Mazer CD, et al 2008: A comparison of aprotinin and lysine analogues in high-risk cardiac surgery. N Eng J Med 358:2316-2331. 2. Peabax B 2013. Changing Practice The Prince Charles Hospital Experience presentation, Critical Care Services Prince Charles Hospital, Brisbane, Australia. 3. Nagy S, Mills J, Womersley D, et al 2015. Using research in healthcare practice. Lippincott Williams & Wilkins, Broadway, NSW.
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CANCER GENETICS

Department: Hereditary Cancer Centre
Head of Department: Dr Lesley Andrews
Supervisor of Training: Dr Kathy Tucker
Genetic Counselling Educator: Rachel Williams level 4 GC

TRAINEES 2016

2.0 FTE GC POWH; 1.0 FTE St George; 1.0 FTE in Wollongong

Fellows

1.0 FTE, 0.2 FTE (shared with Endocrine)

Students

PHD – 2.0 FTE Hannon Pokarol; Alison Young;
 ILP - 1.0 FTE
 Masters in GC Clinical placements Y1 2 students 3 + weeks;
 Y2 -2 students 1 month each
 Research projects: Rebecca Harris; Kelly Nenez-Zotovski

PROGRAM

Full day NSW cancer genetic training once per month

- 830-1000** Genetic counselling training for 13 Statewide Genetic Counsellors (GSs)
- 1015-1200** All cancer genetic personnel monthly update meeting chair and organiser
- 1300-1500** Genetic counselling supervision

Education meeting for all outreach/ base genetic staff 1/ month at POWH 1 hour includes Journal club.

ORAL PRESENTATIONS BY MEMBERS OF OUR DEPARTMENT

Lesley Andrews: Population Genetics- Lessons from the Jewish genome- Haifa, Israel July 10-14 2016. *A new approach to pre-test genetic counselling*

April Morrow: KConFab (2016) BRA-STRAP - Brca Refined Analysis of Sequence Tests: Risk and Penetrance.

Long, J. C., D. Debono, M. Chin, R. Williams, N. Taylor. There's always a reason: using theory to define barriers to clinician's practice change. *2016 Innovations in Cancer Treatment and Care Conference. Cancer Institute NSW, Sydney, NSW*

Janet C. Long, Rachel Williams, Deborah Debono, Melvin Chin, Natalie Taylor. Working with clinicians to identify barriers to Family Cancer Clinic referrals for patients at high risk of Lynch syndrome. *Familial Aspects*

EDUCATIONAL ACHIEVEMENTS

Rachel Williams is the lead & teacher for the UNSW MOOC "Myths and realities of personalised medicine" Course via Future Learn in Sept 2016 (~2000 students)

Kathy Tucker participates in a number of teaching activities Basic sciences in Oncology Hereditary cancer 2 hours every year

- Lecture to FRACP basic trainees 1 x 2 hour lecture and one 2 hour tutorial
- One tutorial cancer genetics per year to RWH gynaecological registrars 17.10.16
- Lecture to Sydney UNi masters in genetic counselling course Li Fraumeni Syndrome

Kathy Tucker also gave oral/invited lectures in 2016

- Advanced Breast MRI course: Update on Familial Breast Cancer Genetics
- Genetic leaders and endocrine education meeting (GLEEM): The Endocrine tumour in hereditary cancer
- Kids Cancer Alliance Cancer Predisposition Symposium: Emerging trend in paediatric cancer genetic testing
- Kathleen Cuninghame Foundation Consortium for research into Familial Breast cancer conference (kConFab) 2016: Predictive genetic testing in children: yesterday today and tomorrow

Lesley Andrews teaches in a number of courses:

- Masters of Genetic Counselling course: Introduction to Cancer Biology and Genetics, FAP as a paradigm for Cancer genetics.
- Risk Communication Course at Sydney University: Communicating risk in the genetics setting
- Genetics and Public Health Course: Breast and Ovarian Cancer; FAP Case studies

April Morrow participates in Journal Club and presented at the Genetic Services of Western Australia 9th September 2016: BRA-STRAP - Brca Refined Analysis of Sequence Tests: Risk and Penetrance.

She also gives one lecture per year to the oncology journal club/training program and Genetic Journal Club 1 - 2 times a year at SCH.

ORAL PRESENTATIONS (continued)

Rachel Williams, Lesley Andrews, Katie Bowden, Laurie Monier, Robyn Cook. PREXIT-Paper Records Exit into an Electronic Era. *NSW Genetic Counsellors Quarterly workshop, Sydney Children's Hospital, September 2016.* (Presentation prepared by R Williams, presented by L Andrews due to illness)

Rachel Williams, Meera Warby, Amanda Willis, April Morrow. AYA in Familial Cancer. *NSW Genetic Counsellors Quarterly workshop, Sydney Children's Hospital, September 2016* (Presentation prepared by R Williams, presented by M Warby due to illness)

Wakefield CE, Quinn V, Fardell JE, McGill BC, Tucker K, Warby M, Georgiou G, Signorelli C, Patenaude AF, Cohn RJ. "Cancer genetic testing in children: Psychological impact, demand for services and acceptability of new tests" KconFab 2016

April Morrow A, Tucker K, Kirk J, James P, Trainer A, Winship I, Pachter N, Lonie A, Thompson E, Campbell I, Weitzel J, Couch F, Leary J, Hopper J, Goldgar D, Park D, Southey M. "BRA-STRAP: BrCa Refined Analysis of Sequence Tests: Risk And Penetrance" KconFab 2016

April Morrow A, Tucker K, Kirk J, James P, Trainer A, Winship I, Pachter N, Lonie A, Thompson E, Campbell I, Weitzel J, Couch F, Leary J, Hopper J, Goldgar D, Park D, Southey M. "BRA-STRAP: BrCa Refined Analysis of Sequence Tests: Risk And Penetrance" KconFab 2016

Panel presentation on ethics in genetic testing. Royal College of Pathologists of Australasia 2016

"Ethical and regulatory perspective on genomic testing" Panel Discussion RCPA Genomic and molecular pathology introductory short course October 2016

PUBLICATIONS

Rachel Williams, Lesley Andrews, Katie Bowden, Robyn Cook, Laurie Monier. PREXIT-Paper Records Exit into an Electronic Era. *Familial Aspects of Cancer: Research and practice; 16-19 August; Kingscliff, New South Wales: kConFab; 2016*

Young AL, Butow PN, Vetsch J, Quinn VF, Patenaude AF, Tucker KF & Wakefield CE. Family communication, risk perception and cancer knowledge of young adults from BRCA1/2 families: a systematic review. *Journal of Genetic Counseling* ACCEPTED J Gen counselling dec 2016

Lim, Q., McGill, B.C., Quinn, V.F., Tucker, K.M., Mizrahi, D., Patenaude, A.F., Warby, M., Cohn, R.J., Wakefield, C.E. (In press). Parents' attitudes toward genetic testing of children for health conditions: A systematic review. *Clinical Genetics*, DOI: 10.1111/cge.12989.

Milne RL, Kuchenbaecker KB, Michailidou K, Jonathan Beesley6, Siddhartha K, Lindström S, Hui S, Lemaçon A, ...Tucker K ... Schmidt MK; Antoniou A, Simard J Identification of ten variants associated with risk of estrogen receptor negative breast cancer accepted *Nature Genetics* October 2016

Jacobs Chris Pichert Gabriella, Harris Jackie, Tucker Kathy, Michie Susan. Key messages for communicating information about BRCA1/BRCA2 to women with breast/ovarian cancer: consensus across health professionals and users *Psycho-oncology* (accepted Dec 2016 DOI: 10.1002/pon.4379)

Jacobs Chris Pichert Gabriella, Harris Jackie, Tucker Kathy, Michie Susan. Key messages for communicating information about BRCA1/BRCA2 to women with breast/ovarian cancer: consensus across health professionals and users *Psycho-oncology* (accepted Dec 2016 DOI: 10.1002/pon.4379)

Sherman K, Shaw LK, Jorgensen L, Tucker KM. Qualitatively understanding patients' and health professionals' experiences of the BRECONDA Breast Reconstruction Decision Aid: Experiences of using the BRECONDA decision aid. *Psycho-Oncology* 2016 Dec doi:10.1002/pon.4346

Dods Tristan, Delprado Warwick, Meagher Allan, Tucker Kathy, Earls Peter. Colorectal carcinoma with an oncocytic component occurring in a patient with Birt Hogg Dube syndrome. *Pathology* 2016 48 (3) 283 DOI: <http://dx.doi.org/10.1016/j.pathol.2016.02.013>

Wakefield C, Hanlon LV, Tucker K, Patenaude AF, Signorelli CM, McLoone JK. The psychological impact of genetic information on children: a systematic review. *Genetics in Medicine* ACMGG January 2016 doi:10.1038/gim.2015.181

McKay SH, Humphris JL, Johns AL, Gill AJ, Tucker K. Inherited Pancreatic cancer. *Cancer Forum* 2016, 40 (1) 30-33

Georgiou G, Wakefield CE, McGill B, Signorelli C, Fardell JE, Hanlon L, Tucker K, Patenaude A, Cohn RJ. Genetic testing for childhood cancer survivors' risk of late effects: consumer understanding, acceptance and willingness-to-pay. *Cancer*, 122: 2876-2885 2016

Madorsky-Feldman D, Sklair-Levy M, Perri T, ...Tucker K ...Rantala J, Arver B, Friedman E. An international survey of surveillance schemes for unaffected BRCA1 and BRCA2 mutation carriers *Breast Cancer Res Treat.* 2016 Jun;157(2):319-27. doi: 10.1007/s10549-016-3805-0. Epub 2016 Apr 27 PMID: 27117159

Win Aung Ko, Reece JC, Dowty JG, Buchanan DD, Clendenning M, Rosty C, Southey MC, Young JP, Cleary SP, Kim H, Cotterchio M, McRae FA, Tucker KM, Baron JA, Burnett T, Marchand LL, Casey G, Haile RW, Newcomb PA, Thibodeau SN, Hopper JL, Gallinger S, Winship IM, Lindor NM, Jenkins MA. Risk of extracolonic cancers for people with biallelic and monoallelic mutations in MUTYH. *International J Cancer* on line 2 June 2016 DOI: 10.1002/ijc.30197

Meiser B*, Quinn V*, Gleeson M, Kirk J, Tucker K, Rahman B, Saunders C, Watts KJ, Peate M, Geelhoed E, Barlow-Stewart K, Field M, Harris M, Antill YC11, Mitchell G12 for the TFGT Collaborative Group. *Joint first authors. When knowledge about inherited cancer risk comes out of the blue: A qualitative study of the impact of treatment-focused genetic testing following a new diagnosis of breast cancer in women with and without a family history. *European Journal of Human Genetics* 2016;24:1571-1523

Wakefield, C.E., Hanlon, L.V., Tucker, K., Patenaude, A.F., Signorelli, C., McLoone, J.K., Cohn, R.J. (2016). The psychological impact of genetic knowledge on children: A systematic review. *Genetics in Medicine*, In press doi: 10.1038/gim.2015.181

Meeks HD, Song H, Michailidou K, Bolla MK, Dennis J, Tucker K...Easton DF, Fergus J, Couch FJ, Spurdle A and Goldgar D. *Brca2 Polymorphic Stop Codon K3326x And The Risk Of Breast, Prostate, And Ovarian Cancers.* *JNCI* 2016 108 (2): djv315 doi:10.1093/jnci/djv315 First published online November 19, 2015

Meiser B. Storey B. Quinn V. Rahman B. Andrews L. *Acceptability of, and information needs regarding, next-generation sequencing in people tested for hereditary cancer: a qualitative study.* *Journal of genetic counseling.* 1;25(2):218-27. 2016 Apr

Cousens N. Kaur R. Meiser B. Andrews L. *Community attitudes towards a Jewish community BRCA1/2 testing program.* *Familial Cancer.* 1:1-2. 2016 Aug

Pokharel HP. Hacker NF. Andrews L. *Changing patterns of referrals and outcomes of genetic participation in gynaecological-oncology multidisciplinary care.* *Australian and New Zealand Journal of Obstetrics and Gynaecology.*1;56(6):633-8, 2016 Dec

Pokharel HP. Hacker NF. Andrews L. *Genetic testing in a gynaecological oncology care in developing countries—knowledge, attitudes and perception of Nepalese clinicians.* *Gynecologic Oncology Research and Practice.* 5;3(1):12. 2016 Dec

POSTERS

Katherine M. Tucker, Emma Healey, Rachel Williams, Natalie Taylor. Intuition versus Theory: Enhancing the Replicability of Behaviour Change Interventions in Cancer Genetics. *BRCA: Challenges and Opportunities Sixth International Symposium on Hereditary Breast and Ovarian Cancer. Montreal, Canada*

Georgiou G, Wakefield CE, McGill B, Signorelli C, Fardell JE, Hanlon L, Tucker K, Patenaude A, & Cohn RJ. "Genetic testing for childhood cancer survivors' risk of late effects: consumer understanding, acceptance and willingness-to-pay." Multinational Association of Supportive Care in Cancer (MASCC)/International Society of Oral Oncology (ISOO) Annual Meeting on Supportive Care in Cancer, Adelaide, 23-25 June 2016

Warby M, Tucker K, Dooley S, Rodney S, Gifford A, Cohn R, O'Brien T, McPhillips M, Halle D, Koulouris N, Bain N "Constitutional Mismatch-repair deficiency in a consanguineous family" kConFab 2016

Tucker K, Zia R, Morrow A, Robertson G, Southey M, Friedlander M, Liauw W, "Are breast cancer predisposition genes associated with risk of mucinous appendiceal cancer?" kConFab 2016

Tucker K, Healey E, Williams R, Taylor N "Intuition versus Theory: Enhancing the Replicability of Behaviour Change Interventions in Cancer Genetics." *BRCA: Challenges and Opportunities. Sixth International Symposium on Hereditary Breast and Ovarian Cancer. Montreal, Canada 2016*

Wakefield, C.E., Hanlon, L.V., Tucker, K., Patenaude, A.F., Signorelli, C., McLoone, J.K., Cohn, R.J. (2016). The Impact of genetic testing on children: What do we know, what's missing? Bill of Health Blog. Petrie Flom Center. Harvard Law. Published 8th January 2016. <https://blogs.harvard.edu/billofhealth/2016/01/08/the-impact-of-genetic-testing-on-children>.

Rachel Williams, Lesley Andrews, Katie Bowden, Robyn Cook, Laurie Monier. PREXIT-Paper Records Exit into an Electronic Era. *Familial Aspects of Cancer: Research and practice; 16-19 August; Kingscliff, New South Wales: kConFab; 2016*

CLINICAL HAEMATOLOGY (SEALS)

Head of Department: Conjoint Prof Mark Hertzberg (UNSW)

Supervisor of Training: Dr Giselle Kidson-Gerber

TRAINEES 2016

1.0 FTE ward BPT

3.0 FTE Advanced Trainees in Laboratory

FORMAL EDUCATIONAL ACTIVITIES

All our consultants are heavily involved in education. Some examples are below.

Junior Medical Officers (JMOs)

Tim Brighton participates in Intern orientation and is the Lead Consultant for the Intern Heparin accreditation program, which includes an online quiz, a review of results and a presentation to the JMOs. He also supervised three JMO VTE audits in 2016 and continues to conduct JMO education sessions.

Susan MacCallum conducts JMO education sessions on Transfusion Medicine. She also is involved in updating the Clinical Business Rules for Blood and Blood Products and Massive Transfusion Protocols for POWH.

Carol Cheung, Tim Brighton, Susan MacCallum & Annmarie Bosco contributed to the ECMN FRACP lectures

Giselle Kidson-Gerber presented a Young Blood lecture 2016 to Haematology Advanced Trainees

Annmarie Bosco was the Co-Network Director for Physician Training in 2016, the Lead Consultant in the Prince of Wales Clinical Examination Project and the Lead Consultant of the Education Strategy Working Group in 2016.

STUDENT TEACHING

Carol Cheung, Mark Hertzberg, Susan MacCallum and our other consultants are all involved in undergraduate student teaching of UNSW Medical Students.

REGISTRAR ACHIEVEMENTS

2 ATs who attempted the RCPA Part 1 examinations were successful at SEALS Randwick in 2016

SOME POSTERS, PRESENTATIONS and PUBLICATIONS

Carol Cheung, Mark Hertzberg, Susan MacCallum and our other consultants are all involved in undergraduate student teaching of UNSW Medical Students.

Orly Lavee and Giselle Kidson-Gerber. Update on inherited disorders of haemostasis and pregnancy. *Obstetric Medicine* 2016; 9 (2): 64-72. DOI:10.1177/1753495X15624307

Yi Ling Tan and Giselle Kidson-Gerber. Antenatal haemoglobinopathy screening in Australia screening. *Medical Journal of Australia* 2016; 204 (6): 226-230. DOI: 10.5694/mja15.01115

Giselle Kidson-Gerber, Silvia Zheng. Iron deficiency in Pregnancy: what you need to know. *Medicine Today* 2016; 17(4): 41-46

Clarke L, Kidson-Gerber G, Moses D, Wu GM-C and Lindeman R. T2* MRI Correlate with R2 Liver Iron Concentration in Transfusion Dependent Thalassaemia. *Journal of Haematology and Blood Disorders*. 2016. Volume 1, Issue 2.

“Life in the Fast Lane: Improving Transfusion Efficiency in Transfusion Dependent Thalassaemia Patients”; Chathupa Wickremaarachchi, Elizabeth McGill, Annmarie Bosco, Gemma Carroll and Giselle Kidson-Gerber

Susan MacCallum:

- HAA: Poster on Implementation of blood Track
- Path Update: Supervised poster “An Amazing Recover” with Haematology Advanced Trainee Dr Menzies-Wojtowicz
- Transfusion Update 2016: “O positive red Cells in emergency transfusion”

CONFERENCES

Tim Brighton continues to convene the monthly Haematology Society of Australia and New Zealand educational meetings for Fellows and Advanced Trainees

Susan MacCallum was invited to give a Patient Information Seminar on bone marrow transplant at the Leukaemia Foundation

Susan MacCallum presented in the Australian Institute for Medical Scientists workshop on Bone Marrow Morphology

Susan MacCallum also presented the Prince of Wales Hospital experience at the National Patient Blood Management Collaborative

Giselle Kidson-Gerber established the HOW Collaborative in 2016

Giselle Kidson-Gerber was an invited speaker at the 2016 Haematology Association of Australia meeting to present on “Thalassaemia Major and Sickle Cell Diseases in pregnancy” and on “Women who can’t receive transfusion in pregnancy”

NURSING EDUCATION

- Cytotoxic medication and administration ADAC [via evi-Q partner with STG, TWH, STV] online modules, 1-day workshop.
- Formal assessment guides, venous access training & accreditation; apheresis learning package Terumo [manufacturer provided training]
- Transfusion medicine training for Nursing and medical [formal orientation sessions, hospital wide in-services, department specific e.g. Massive transfusion support to ED; training with RHW [coagulopathy],
- Formal nursing assessment for administration of blood and blood products,
- Transport/ porter training and education as part of QA process blood and chemo: fairly prolific, 20+ individuals x 6-7 sessions per annum –tailored solution for the audience]

PHARMACY

6 month junior rotation as part of a formal program [Haem-Onc is one part of it –internship]

A SUMMARY OF CONSULTANT TEACHING ACTIVITY IN THE HAEMATOLOGY DEPARTMENT

Phase 1	Lecture on Clinical approach to Anaemia
	Bioethics tutes UNSW
	Phase I Facilitation
	Hospital based exams
Phase 2	Coagulation lecture
	Blood banking lecture
	Ageing and endings' lab & blood bank tour
	Ageing and endings' marking assignments
	Lymphadenopathy pathology tutorial
	Clinic and ward round attachments
	Hospital based exams
ILP Students	Supervision
Phase 3	Lymphoma lecture in Oncology tutorials
	Path Teaching Biomedical Sciences: Bleeding, Anaemia, Lymphoma, Leukaemia/MPD/MPN
	Hospital based exams
	Clinical-pathology correlation vivas
	Portfolio exams
	PRINT student supervision
Case discussions in Clinical Teaching Unit	
Ward RMO, JMOs	Intern orientation- Thromboprophylaxis and Anticoagulants
	JMO -Thromboprophylaxis and Anticoagulants
	mini-tutes on appropriate topics
	Supervisor, reports, cases ('mini-CEX') if required

BPT, FRACPees	Lecture on Haem malignancies
	Lecture on anaemia
	3 BPT Lectures on Anticoagulants, Bleeding, and Vein Thrombosis
	FRACP Haemoglobinopathy Long Case
	Long cases & Short cases
	mini-tutes on appropriate topics
	Supervisor, reports, cases ('mini-CEX') if required
Trainee professional development reflection supervision	
APT, FRCPAees	Morphology teaching for Sydney FRCPAees
	Molecular Pathology part II
	Haemoglobinopathies lecture
	Exam preparation: Practice essay, morphology, viva
	Transfusion resource
Paediatric Morphology supervision	
Nursing	Approx 1 inservice per year
RHW	In-services
	Grand Rounds
	GP Shared Care education day
External	Dentist lectures
	Haemoglobinopathy nurses education day
	UTS pharmacology masters - Haem malignancies overview
	UTS medical science students' projects - co-supervisor
	AIMS morphology teaching
	Leukaemia Foundation patient information lecture
Cancer Science Course Lecture	

DENTAL and MAXILLOFACIAL

Head of Department: A/Professor Bruce Austin

Director of Training: Dr Tristan Madden

Nominated Training Supervisors:

A/Prof Bruce Austin, Drs Peter Tsakiris, Jasvir Singh, Samuel Kim (Locum), James Kim (Locum)

Accredited Registrar: 1.0 FTE

Unaccredited registrar: 1.0 FTE

The Department is accredited for training by the Royal Australasian College of Dental Surgeons.

TRAINEES

The Department of Dental and Maxillofacial Surgery maintains 1 Registrar position. Each Registrar is assigned to the Department for a 12 month period and is supervised by the Head of Maxillofacial training at POWH. The Registrar works with the various consultants on a day-to-day basis in both the outpatient clinic setting and in operating theatres.

There are currently 4 RMOs assigned to the Department who have already obtained either a dental or medical degree, and are studying to obtain the other degree in order to be eligible to enter the maxillofacial training program. Entry to the program requires degrees in both dentistry and medicine.

The RMOs receive 'hands on' training from the Registrar and Consultants. They support the on-call roster for the Department and provide first-line advice to POWH and SCH on behalf of the service.

Education is also provided to other departments in the hospital on an ad hoc basis; for example, members of the Maxillofacial Department provide tutorials to Emergency Department Staff (junior and senior medical and nursing) at POWH and SCH.

Staff deliver training at the Sydney Dental Hospital for post-graduate Orthodontic trainees from the University of Sydney.

ACHIEVEMENTS

Number of Exam candidates: 1

Examination pass rate: 1

Conference attendance: ANZAOMS x 1

2016 EDUCATION TIMETABLES/PROGRAMS

The Prince of Wales Maxillofacial unit coordinates the teaching program for all NSW and ACT Maxillofacial trainees. Lectures are performed on a monthly basis. There is also a bimonthly Audit and Review of Morbidity and Mortality

2016 GRAND ROUNDS PROGRAM

Biannual presentations at the Head and Neck Multidisciplinary Meetings at Prince of Wales

CONFERENCES

Dr Jasvir Singh (Consultant at POW) is the Organiser of Australia New Zealand Association of Oral and Maxillofacial Surgeons annual conference in Sydney in 2017

DERMATOLOGY

Head of Department: Dr Glenda Wood

Training Supervisor: Dr David Wong

Advanced Trainees 2016: 2.0 FTE

The Dermatology department is actively involved in medical training and in Dermatological research through the teaching of dermatology registrars, interested JMO's and medical students. It also provides training to visiting local medical officers and medical professionals working within the Justice Health system.

The team includes 6 Specialist Dermatologists, 2 Dermatology Registrars and 2 accredited Dermatology nurses.

The Department is accreditation for Advanced Training with the Australasian College of Dermatologists.

PROGRAM

Teaching and Training

Dermatology trainees will receive training and experience in the following areas amongst others:

- Combined Radiotherapy / Plastics / Dermatology MDT - Thursdays 1 x month
- Transitional care of adult patients with Epidermolysis Bullosa - In consultation with Sydney Children's Hospital
- Consultative service to the Royal Hospital for Women
- Shared care of Psoriasis patients with Rheumatology (those with psoriatic arthritis)
- Anatomical pathology monthly patient meeting / case discussion / pathology overview
- The Albion Street HIV Dermatology Clinic (1 x month)
- Renal transplant patient care in consultation with renal specialists
- Justice Health consultation service
- Care and treatment of skin cancers in immunosuppressed patients

REGISTRAR ACHIEVEMENTS

Congratulations to **Dr John Frew** who was successful in passing his Part 2 Examinations in 2016.

EMERGENCY DEPARTMENT

Head of Department: Drs David Murphy and Matt Davis
(acting Co-directors)

Directors of Training: Dr Marian Lee (DEMT) and Dr Kate Sellors
(Co-DEMT).

Junior Medical training and HETI term supervisor:
Dr David Murphy

Medical Students and PGY2 teaching coordinator:
Dr Therese Becker

Assistant PGY1/ PGY2: Dr Daniel Khamoudes

Toxicology Unit Director: Dr Betty Chan

Educational Support Officer: Annie (Yuen) Au

Nursing Consultant: Wayne Vardnell (CNC)

Nursing Educator: Kylie Howes (NE, P/T), Ally Jeffers (CNE P/T)
and Nadya Marquez-Hunt (A/NE)

Physiotherapy Practitioner: James Roumanus

Nurse Practitioners: Carmel Hagness (NP), Deborah Tracy (NP)

Prince of Wales Emergency Department is accredited for
Emergency Medicine Training by the Australian College of
Emergency Medicine (ACEM).

COMMITMENT TO TRAINING

The Prince of Wales Emergency Department is committed to
Emergency Medicine training. A weekly 'quarantined' education
schedule (inclusive of access to the Simulation Centre on campus)
for Trainees as per ACEM guidelines, in addition to preparation
courses for both Primary and Fellowship exams, provide a robust
training program. Trainees are also encouraged to attend network,
regional and national educational activities. Nursing education
is a big undertaking as well, with daily in-service and a range of
induction/ upskilling programs.

FELLOWSHIP

The Prince of Wales Emergency Department provides support
to the Trainee as their "base hospital" whilst they undertake the
training necessary for their Fellowship.

Trainees in their final year of training, who are preparing for the
Fellowship Exam are considered for the role of Senior Advanced
Trainee (SAT). In this unique role, they are encouraged to
perform and train at standards expected of a graduating FACEM
Consultant. This gives them an advantage in preparation and
practice towards the Fellowship Exams, as well as assisting in the
transition to FACEM Consultant.

Prince of Wales Hospital Emergency Department has an enviable
record of exam success with many prizes being won by Prince of
Wales trainees in both the Primary and Fellowship examinations.
This has been the result of the dedication of the consultants
involved in training, participation in examination preparation
programs and individual one-on-one tutoring. There is also
a wealth of research opportunities which have facilitated the
completion of this component of the Fellowship assessment.

CONGRATULATIONS

Congratulations to **Wayne Vardnell** on his Awards and grants

- Tow Research Award (2016) – Nursing, Midwifery and Allied Health Division 14th International Conference for Emergency Nurses
- Nurse and Midwifery Strategy Funding Initiatives: Application of Australasian Triage Scale: A Quality Improvement Initiative (\$34,650)
- Prince of Wales Hospital Foundation: Factors influencing Australian emergency nurses' sedation practices with mechanically ventilated patients in the emergency department (ED): a national survey (\$5,500)

Congratulations to our Registrars in their examination success

- Primary exam 2016/1:
2 trainees completed primary exam.
- Primary exam 2016/2:
3 trainees completed the primary exam.
- FACEM: 2016/1: 3 passed;
2016/2: 1 passed written exam,
1 passed Clinical Exam

TRAINEES 2016

Registrars- approximately 26-28 FTE.

SRMOs – approximate 30-32 FTE

PHD scholar: Angela Chiew

Fellows – Toxicology Senior Fellow (0.5 FTE) Therese Becker

Medical Students

51 UNSW students plus 15 external students (clerkships/
electives)

Nursing Students

12 per quarter

Nursing staff pursuing postgraduate training

Masters of Nursing (Emergency): 12

Masters of Nursing (Nurse Practitioner): 2

Masters of Public Health (International): 1

NURSING EDUCATION PROGRAM

State-wide Courses facilitated:

- Introduction to Emergency (2 Day Course)
- Emergency Department Fast -Track Course (2 Day Course)
- Triage Course (2 Day Course)

Internal Courses

- Introduction to Resuscitation Course
- Yearly mandatory training: BLS, Manual handling, Blood administration competency
- Daily in-services program

MEDICAL EDUCATION PROGRAM

Weekly Registrar and SRMO Teaching: Wednesday 8-12 (Commenced November 2016)

Fortnightly JMO Teaching (Commenced November 2016) Tuesdays (PGY1) and Thursdays (PGY2) 8-10

SRMO-REG transition courses x2 – run for HETI/ Network 3 and POWH

Participation in POWH Medical Grand Rounds

RECENT POWH EMERGENCY DEPARTMENT NURSING PUBLICATIONS:

Varndell, W; Fry, M & Elliott, D (2016) A systematic review of observational pain assessment instruments for use with nonverbal intubated critically ill adult patients in the emergency department: an assessment of their suitability and psychometric properties. *Journal of Clinical Nursing*. In Print.
Link: <http://onlinelibrary.wiley.com/doi/10.1111/jocn.13594/abstract>

Varndell, W; Ryan, E; Jeffers, A & Marquez-Hunt, N (2016) Emergency nursing workload and patient dependency in the ambulance bay: a prospective study. *Australasian Emergency Nursing Journal*. 19(4): 210-216.
Link: [http://www.aenj.com.au/article/S1574-6267\(16\)30040-4/pdf](http://www.aenj.com.au/article/S1574-6267(16)30040-4/pdf)

POWH EMERGENCY DEPARTMENT NURSING PRESENTATIONS:

Wayne Varndell

Keynote speaker:

- Seven deadly sins of emergency nursing
- Patient dependency: Nursing on the Ramp
- Emergency nurses' knowledge and attitude towards acute pain

Nursing and Midwifery Research and Practice Development Conference

ED Revisits revisited: a retrospective mixed-methods study

Emergency Tasmania 2016 – Emergency Care Conference

Keynote speaker: Sedation and pain management in the critically ill

The I.T. factor in emergency healthcare: boon or blight?

EDUCATIONAL PROGRAM/EVENTS:

Some of our JMO Teaching Topics

Equipment: foreign body removal
Cardinal Presentations: Chest pain/ SOB
Bipap/ airway practical
Equipment: IV infusion, haemocult, bladderscanners
Cardinal presentations 2: Weakness, headache, seizures
Hand Injuries : practical workshop
ECGs
Facial Injuries- practical workshop
Sepsis: decisions and goals
Upper Limb Xray masterclass
Practical: panoptic ophthalmoscope
Ultrasound-Guided Vascular access
Student Audit
ECG: ST segments; basic airway management
Case Presentations: complex patients
Case presentation: valproate poisoning
Pain management/ D&A issues
Ophthalmology
Trauma: a structured approach
Early pregnancy
Toxicology
Case presentations/ Term wrap



Dr David Murphy, co-Director of ED, instructing on the use of Bedside Ultrasound, in a POW CEP session

ENDOCRINOLOGY

Head of Department: Associate Professor Chris White

Supervisor of Training: Dr Kerry-Lee Milner

Trainees 2016: 2.0 FTE ATs, 0.5 FTE BPT

The Department of Endocrinology provides a suite of multi-disciplinary and speciality services covering diabetes, other metabolic disorders, bone density, thyroid and general endocrine conditions. The department of endocrinology provide support across the POW as well as to the Royal Hospital for Women and partner with the Sydney Children's Hospital Network to transition young adults from paediatric to adult care. Inpatient and ambulatory services are provided throughout the hospital. A standalone Diabetes Centre provides non-admitted dietetics consultation, diabetes education and diabetes related foot ulcer service. Other endocrine consultation services are provided in the centralised Adult Outpatient Department at POW, and bone density care is located within the Royal Hospital for Women. Medical consultation, diabetes education [by nursing CNC] and endocrine [including metabolic bone] nursing services are also provided to inpatients for other specialities.

An Endocrinology staff Specialist and Diabetes CNC provide a monthly outreach clinic at La Perouse. An endocrinologist also attends late effects service at the SCH. A multidisciplinary foot clinic is held monthly in Ambulatory Care [2East] involving orthopaedic and vascular surgery, endocrinology, podiatry, hyperbaric medicine, orthotics and nursing ambulatory care.

TEACHING ACTIVITIES

- Ward rounds and teaching on the run activities associated with those rounds
- Outpatient clinics and teaching sessions associated with those clinics
- Tutorial sessions
- Endocrine Unit Meeting (SCH and POWH) & journal clubs



Associate Prof Chris White instructing BPTs on Thyroid Diseases for the RACP Clinical Examinations

FORMAL EDUCATIONAL ACTIVITIES

Associate Professor Chris White:

ATs, BPTs, JMOs and students

- Fortnightly seminars for insulin, steroids, TFTs and thyroid exam, electrolytes and diagnosis of osteoporosis

Dr Ann Poynten:

Basic Physician Training

- Two tutorials a year on insulin use on the wards and Type 1 tutorial.

Surgical registrars

- Insulin talk

Dr Barbara Depczynski

Undergraduates:

- Each term, Year 5 medical students each talk on diabetes therapeutics
- PRINT student diabetes and hyperglycaemia management on the wards
- JMOs
- Ward glycaemic management – basic class
- Ward glycaemic management – advanced class

Dr Kerry Lee Milner

BPT

- Three presentations on Type 2 diabetes management, endocrine emergencies and obesity
- 3rd Year Medical Students
- Thyroid examination tutorial each term

Dr Sue Mei Lau

BPT

- Long case roster
- Medical students' case presentation tutorial each term

Teaching involves, lectures, observations, case study and interactive session

- Student placement involves observations
- Uni Sydney for dietetics placements
- Newcastle University for aboriginal outreach/ La Perouse
- Extensive contribution to hospital wide business rules Australian diabetes educators association [accreditation and guidelines/ professional standards – opportunity for feedback, poster presentations x 3 in 2015, 1 x talk in 2014]

Diabetes Australia –provide patient resources: education, supplies etc. patient advocacy.

GASTROINTESTINAL AND LIVER UNIT

Head of Department: Conjoint Professor Stephen Riordan (UNSW)

Supervisor of Training: Conjoint Professor Stephen Riordan (UNSW)

Nursing Educator: Mr Peter Warburton

College affiliation, accreditation: RACP, 5 years

Trainees 2016:

2.0 FTE Advanced Trainees in Gastroenterology and Hepatology

1.0 FTE Basic Physician Trainee

Students

Undergraduate medical students of UNSW, elective medical students from national and international medical schools

Education Program

The formal training program includes:

- A weekly seminar/journal club, at which each trainee presents every second week (Curriculum-based)
- Clinico-Histopathology case presentations, held every second week (Curriculum-based)
- Clinico-Radiology case presentations, held weekly (Curriculum-based)
- Morbidity/mortality/audit meeting, held monthly
- Medical Grand Rounds, held weekly (at which the Unit presents 2-3 times per year)
- The Unit also presents at Intensive Care Grand Rounds twice yearly and at the Emergency Medicine Education series twice yearly.

PRESENTATIONS/PUBLICATIONS 2016

Invited lectures at National and International scientific meetings:

Riordan SM. An Update: Hepatitis B, D and E, Royal College of Pathologists of Australasia Scientific Meeting on Viral Infection, Treatment and Prevention, Katoomba, May 2016.

Riordan SM. Hepatitis C and Fatty Liver Disease: Capturing Insights in Treatment Evolution, Australian Rheumatological Association Scientific Meeting, Sydney, August 2016.

INVITED SCIENTIFIC COMMENTARIES

Hepatitis Research Reviews, published monthly (Conjoint Professor Stephen Riordan (UNSW))

PUBLICATIONS

Riordan SM, McIver CJ, Jagarlamudi N, Kapur A, Williams R. Small intestinal permeability and risk of spontaneous bacterial peritonitis in cirrhosis. *Proceedings of Australian Gastroenterology Week*, Adelaide, October 2016.

Eslam M, Hashem AM, Romero-Gomez M, Berg T, Dore GJ, Mangia A, Chan HL, Irving WL, Sheridan D, Abate ML, Adams AL, Weltman M, Bugianesi E, Spengler U, Shaker O, Fischer J, Mollison L, Cheng W, Nattermann J, **Riordan S**, Kelaeng S, Ahlenstiel G, McLeod D, Powell E, Liddle C, Douglas MW, Booth DR, George J, for the International Liver Disease Genetics Consortium (ILDGC). FibroGENE: A gene-based model for staging liver fibrosis. *Journal of Hepatology* 2016; 64: 390-398.

Eslam M, Mangia A, Berg T, Chan HL, Irving WL, Dore GJ, Abate ML, Bugianesi E, Adams LA, Najim MA, Miele L, Weltman MD, Mollison L, Cheng W, **Riordan S**, Fischer J, Romero-Gomez M, Spengler U, Nattermann J, Rahme A, Sheridan DA, Booth DR, McLeod D, Powell E, Liddle C, Douglas MW, van der Poorten D, George J; for the International Liver Disease Genetics Consortium. Diverse impacts of the rs58542926 E167K variant in TM6SF2 on viral and metabolic liver disease phenotypes. *Hepatology* 2016; 64 : 34-46.

Underwood AP, Kaakoush NO, Sodhi N, Merif J, Lee WS, **Riordan SM**, Rawlinson WD, Mitchell HM. *Campylobacter concisus* pathotypes are present at significant levels in patients with gastroenteritis. *Journal of Medical Microbiology* 2016; 65: 219-226.

Mahendran V, Liu F, **Riordan SM**, Grimm MC, Tanaka M, Zhang L. Examination of the effects of *Campylobacter concisus* zonula occludens toxin on intestinal epithelial cells and macrophages. *Gut Pathogens* 2016; 8:18; DOI 10.1186/s13099-016-0101-9.

Thabet K, Asimakopoulos A, Shojaei M, Romero-Gomez M, Mangia A, Irving WL, Berg T, Dore GJ, Gronbaek H, Sheridan D, Abate ML, Bugianesi E, Weltman M, Mollison L, Cheng W, **Riordan S**, Fischer J, Spengler U, Nattermann J, White R, Douglas MW, McLeod D, Powell E, Liddle C, van der Poorten D, George J, Eslam M, for the International Liver Disease Genetics Consortium (ILDGC). MBOAT7 rs641738 modulates liver inflammation and the transition to fibrosis in chronic hepatitis C. *Nature Communications* 2016; 7:12757.

Deshpande NP, Wilkins MR, Castario-Rodriguez N, Bainbridge E, Sodhi N, **Riordan SM**, Mitchell HM, Kaakoush NO. *Campylobacter concisus* pathotypes induce distinct global responses in intestinal epithelial cells. *Scientific Reports* 2016; 6: 34288.

Chung HK, Tay A, Octavia S, Chen J, Liu F, Ma R, Lai R, **Riordan S**, Grimm M, Zhang L. Genome analysis of *Campylobacter concisus* strains from patients with inflammatory bowel disease and gastroenteritis provides new insights into pathogenicity. *Scientific Reports* 2016; 6: 38442.

Gane E, Lamoglia RS, Cohen E, Roberts SK, George J, Skoien R, **Riordan S**, Mobashery N, Abunimeh M, Cohen DE, Agarwal K. RUBY-II: Efficacy and safety of a ribavirin-free Ombitasvir/Paritaprevir/Ritonavir ± Dasabuvir regimen in patients with severe renal impairment or end-stage renal disease and HCV genotypes 1a or 4 infection. *Proceedings of the American Association for the Study of Liver Diseases Annual Scientific Meeting*, San Francisco, November 2016.

GENERAL SURGERY

Head of Department: Dr Greg Keogh

Directors & Supervisors of Training:

Dr Mark Muhlmann – Surgical Skills program
(Unaccredited Registrars)

Dr Andrew Parasyn – SET program
(Accredited Registrars)

Fellows 2016: 3.0 FTEs

Registrars: 7.0 FTE Accredited; 8.0 FTE Unaccredited;
6.0 FTE SRMOs

College affiliation, accreditation:

Royal Australasian College of Surgeons (RACS)

Educational Program

The Department hosts the Basic Surgical Skills Program and facilitates various college related training events including Operating with Respect mandatory courses.

EDUCATION PROFILE:

Professor Philip Crowe

Professor Crowe is co-director of the Sydney Sarcoma Unit and the Sarcoma and Nanooncology Research group at UNSW. Clinical research aims to improve outcomes, particularly to decrease treatment side effects of patients with soft tissue sarcoma. In the lab we are exploring different combinations of new biological agents for the treatment of more aggressive or metastatic sarcoma.

Teaching

Weekly teaching ward round
Tutor Scenario Group sessions
Undergraduate and post-graduate lectures
UNSW examiner
Higher degree supervisor: 3 PhD completions last 3 years

Other activities

Head of POW Clinical School, university committees
Co-Chief Investigator of the HAS biobank
Member of POW clinical Council

PUBLICATIONS FOR THE PAST 5 YEARS

Crowe P. Lymphadenectomy for melanoma: a trade off. *ANZ J Surg* 2017;87(1-2):6-7.

Yang JL, Gupta RD, Goldstein D, Crowe PJ. Significance of phosphorylated epidermal growth factor receptor and its signal transducers in human soft tissue sarcoma. *Int J Mol Sci* 2017;18(6):E1159 doi: 10.3390/ijms18061159.

Lehane C, Ho F, Thompson SR, Links D, Lewis C, Smee R, Crowe PJ. Neoadjuvant chemoradiation (modified Eilber protocol) versus adjuvant radiotherapy in the treatment of extremity soft tissue sarcoma. *Journal of Medical Imaging and Radiation Oncology* 2016;60(4):539-44.

Wang X, Goldstein D, Crowe P, Yang M, Garrett K, Zeps N, Yang JL. Overcoming resistance of targeted egfr monotherapy by inhibition of stat3 escape pathway in soft tissue sarcoma. *Oncotarget* 2016;7(16):21496-21509.

Yang M, Yu Y, Walsh WR, Yang JL, Baker L, Lennox AF, Crowe PJ, Varcoe RL. A microscopic and biomarker evaluation of embolic filter debris collected during carotid artery stenting. *Journal of Endovascular Therapy* 2016;23:275-284.

Bae S, Crowe P, Gowda R, Joubert W, Carey-Smith R, Stalley P, Desai. Patterns of care for patients with advanced soft tissue sarcoma: experience from Australian sarcoma services. *Clin Sarcoma Res* 2016;6:11 doi: 10.1186/s13569-016-0052-4.

Lim HJ, Wang X, Crowe P, Goldstein D, Yang JL. Targeting the P13/PTEN/AKT/mTOR pathway in treatment of sarcoma cell lines. *Anticancer Res* 2016;36(11):5765-5771.

Wang X, Goldstein D, Crowe PJ, Yang J-L. Next-generation EGFR/HER tyrosine kinase inhibitors for the treatment of patients with non-small-cell lung cancer harbouring EFR mutations: a review of the evidence. *Oncotargets Ther* 2016;9:5461-5473.

Hwang SY, Warrier S, Thompson S, Davidson T, Yang JL, Crowe P. Safety and accuracy of core biopsy in retroperitoneal sarcomas. *Asia-Pacific Journal of Clinical Oncology* 2016;12(1):e174-e178.

Wang X, Batty KM, Crowe PJ, Goldstein D, Yang J-L. The potential of panHER inhibition in cancer. *Front Oncol* 2015;5:2.

Varcoe RL, Teo ABP, Pelletier MH, Yu Y, Yang JL, Crowe PJ, Walsh WR. A nitinol "u-clip" versus sutured arteriovenous anastomosis: local tissue response and intimal hyperplasia development in a sheep model. *European Journal of Vascular and Endovascular Surgery* 2015;49(3):344-352.

Seale H, Chughtai AA, Kaur R, Crowe P, Phillipson L, Novytska Y, et al. Ask, speak up, and be proactive: Empowering patient infection control to prevent health care-acquired infections. *American Journal of Infection Control* 2015;43(5):447-53.

Lim HJ, Crowe P, Yang JL. Current clinical regulation of P13K/PTEN/Akt/mTOR signalling in treatment of human cancer. *Journal of Cancer Research and Clinical Oncology* 2015;141(4):671-689.

Wang X, Goldstein D, Crowe PJ, Yang JL. Impact of STAT3 inhibition on survival of osteosarcoma cell lines. *Anticancer Research* 2014;34(11):6537-6505.

Liyanage SS, Segelov E, Malik A, Garland SM, Tabrizi SN, Cummins E, Seale H, Rahman B, Moa A, Barbour AP, Crowe PJ, MacIntyre CR. A case-control study of the role of human papillomavirus in oesophageal squamous cell carcinoma in Australia. *Journal of Oncology* 2014;2014:236482.

Tan CJ, Yang JL, Crowe P, Goldstein D. Targeted therapy in soft tissue sarcoma – a novel direction in therapeutics. *Chinese Clinical Oncology* 2013;2(3):22.

Liyanage SS, Segelov E, Garland SM, Tabrizi SN, Seale H, Crowe PJ, et al. Role of human papillomaviruses in esophageal squamous cell carcinoma. *Asia-Pacific Journal of Clinical Oncology*. 2013;9(1):12-28.

Liyanage SS, Li Q, Zheng Y, Seale H, Crowe PJ, Newall AT, et al. The relationship between human papillomavirus and oesophageal squamous cell carcinoma in China – a review of the evidence. *Adv Infect Dis* 2013;3:17-34.

Liyanage SS, Rahman B, Ridda I, Newall AT, Tabrizi SN, Garland SM, Segelov E, Seale H, Crowe PJ, Moa A, Macintyre CR. The aetiological role of human papillomavirus in oesophageal squamous cell carcinoma: a meta-analysis. *PLOS One* 2013;8(7):e69238.

Wang X, Goldstein D, Crowe P, Yang J. S31-201, a novel STAT3 inhibitor, inhibits growth of human soft tissue sarcoma cell lines. *World Journal of Cancer Research* 2013;1(1):61-68.

Tan K, Goldstein D, Crowe P, Yang JL. Uncovering a key to the process of metastasis in human cancers: a review of critical regulators if anoikis. *Journal of Cancer Research and Clinical Oncology* 2013;139(11):1795-1805.

Wang X, Crowe PJ, Goldstein D, Yang JL. STAT3 inhibition, a novel approach to enhancing targeted therapy in human cancers. *International Journal of Oncology* 2012;41(4):1181-1191.

Varcoe RL, Teo ABP, Pelletier MH, Yu Y, Yang JL, Crowe PJ, Walsh WR. An arteriovenous fistula model of intimal hyperplasia for evaluation of a Nitinol U-clip anastomosis. *European Journal of Vascular and Endovascular Surgery* 2012;43(2):224-231.

Varcoe RL, Nammuni I, Lennox AF, Yang JL, Crowe PJ, Walsh WR. Adjunctive ultrasonography to minimise iodinated contrast administration during carotid artery stenting: a randomised trial. *Journal of Endovascular Therapy* 2012;19(5):638-647.

INFECTIOUS DISEASES

Head of Department: Dr Kate Clezy

Advanced Training Supervisors: Dr Kate Clezy and A/Professor Jeffrey Post

Basic Physician Training Supervisor: A/Professor Jeffrey Post

RACP accreditation for Advanced Training Infectious Diseases

Trainees: 1.0 FTE Basic Physician Trainee; 2.0 FTE

Advanced Trainees: 1.0 FTE Clinical Fellow

STUDENTS: Usually two 5th or 6th year students

Our Department has weekly educational meetings; weekly radiology meetings and a monthly journal club

ID GRAND ROUNDS

May: Clinical Cases

November: A summary of antimicrobial stewardship

POWHF Community Education: Session on Infection Control and Hand Hygiene

CONFERENCES 2016

European Conference on Microbiology and Infectious Diseases

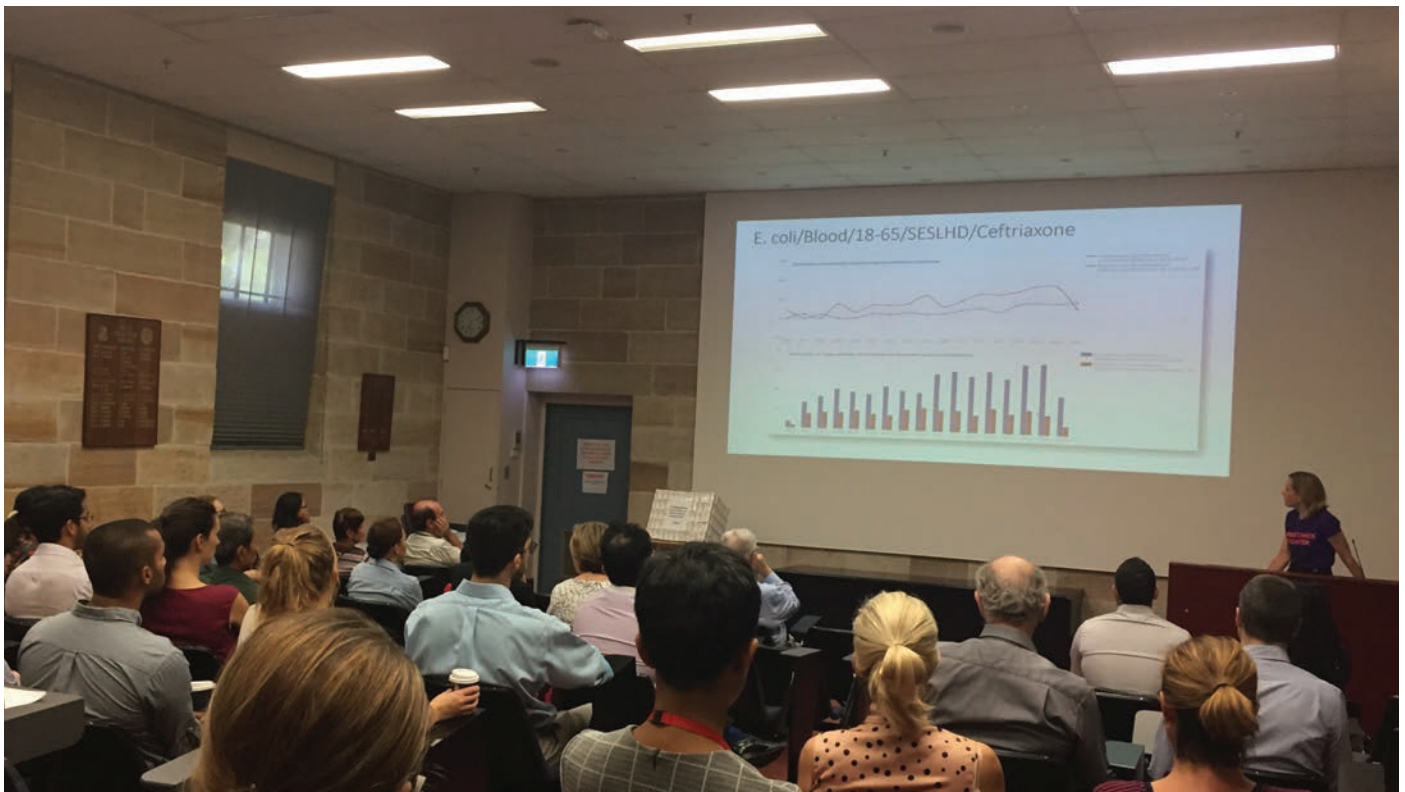
Australian Society for Infectious Diseases

International Conference on Retroviral Infection

ID Week – annual meeting of the Infectious Diseases Society of America

International Conference Antimicrobial Agents and Chemotherapy

American Society of Microbiology Annual Conference



Dr Kate Clezy presenting at POWH Grand Rounds in 2016 on Antimicrobial Stewardship

MEDICAL ONCOLOGY

Head of Department: Dr Melvin Chin

Education Supervisors:

- Phase 2 Medical Students: Dr Melvin Chin
- Phase 3 & Elective Medical Students: Dr Elizabeth Hovey
- JMOs and BPTs: Dr Melvin Chin
- Advanced Trainees: Professor Craig Lewis

Nursing Educator: Louise Mason

Senior Pharmacist: Thanh Lam

COLLEGE AFFILIATION & ACCREDITATION

Prince of Wales Hospital is part of a training network with St George and Sutherland Hospitals for advanced training in Medical Oncology. POW is accredited by the Royal Australasian College of Physicians for 12 months of core training in medical oncology for 2 trainees.

Craig Lewis is a past Chair of the Medical Oncology Group Education Subcommittee and member of the Specialist Advisory Committee, Medical Oncology for the RACP. He substantially contributed to the development of the Medical Oncology Advanced Training Curriculum.

Kate Webber is Co-Director, Advanced Physician Training and Clinical Superintendent at POW Hospital. She is a Professional Development Advisor and the Educational Supervisor for all PGY2 Basic Physician trainees at POW

TRAINEES 2016

Medical Oncology Registrars Accredited:

2.0 FTE Advanced Trainees; 1.0 FTE BPT

Rotational pharmacist (foundation level):

2 rotations per year requiring training in oncology. Done with support and mentoring of all team members

STUDENTS

Medical:

- UNSW Phase 2 Oncology and Palliative Care Students
- Phase 3 elective, PRINT, overseas elective

Nursing:

UTS, UOW, ACU, UTAS, Sydney University, UWS, Flinders University, Notre Dame University – 1st, 2nd and 3rd year students and NSW EEN TAFE students.

PROGRAMS

All Cancer Services

Financial Assistance to attend conferences:
Cancer Services Fund

Pharmacy

Departmental training/ validation in cytotoxic handling and production for POW/RHW/SCH

Presenting at departmental education (2x year)

Pharmacists trained in clinical supervision to provide support for oncology rotations

External collaborative oncology/haematology interest group

Support for pharmacist undertaking external oncology course – currently 2 pharmacists undertaking BSOC

Up skilling of oncology/haematology pharmacist to ensure the oncology/haematology services are covered

Implementation of the monoclonal policy

MEDICAL

Journal Club (weekly) shared with Radiation Oncology with active participation from registrars

Cancer Services Grand Rounds (monthly)

Advanced trainee tutorials (monthly) small group teaching

OTHER EDUCATIONAL

PhD supervision: Professor Michael Friedlander is an experienced supervisor of PhD students including 6 successful PhD completions. Conjoint Professor David Goldstein (UNSW) has co-supervised 3 completed PhD and is co-supervising 2 at present and 2 other post graduate research students.

ILP students: Professor Craig Lewis & Dr Melvin Chin have supervised UNSW ILP projects

Basic Sciences in Oncology Course Advisory Committee: Dr Melvin Chin (current), Professor Craig Lewis (past)

ONCOLOGY EDUCATION

Professor Craig Lewis is currently co-chair of the eviQ Reference Committee for Medical Oncology.

Drs Melvin Chin, Elizabeth Hovey and Kate Webber are members of the eviQ Reference Committee

Dr Thanh Lam is a past member of the eviQ reference committee for Medical Oncology and Project Advisory Group - Planning Guidelines for Chemotherapy Services in NSW

GLOBAL HEALTH

Conjoint Professor David Goldstein (UNSW) is co-director of the Health Volunteers Overseas/ American Society Clinical Oncology International Cancer Corps to Vietnam and chair elect of the international oncology steering committee of HV.

TRAINEE PRESENTATIONS

Dr Monica Tang

“Correlation of phase 2 trials (Ph2t) results with outcomes of Phase 3 trials (Ph3t) of investigational agents (IA) in locally advanced and metastatic pancreas cancer (LAMPC)”:

Presented at 2017 Gastrointestinal Cancers Symposium
Abstract No: 227
First Author: Monica Tang

Aimee Sullivan:

Implementation and evaluation of a pharmacist-led oral anti-cancer medication management clinic;

Presented at XVI International Symposium on Oncology Pharmacy Practice (ISOPP 2017)

Abstract No: 4022
First Author: Aimee Sullivan; Abstract published in the Journal of Oncology Pharmacy Practice (JOPP).



Dr Kate Webber teaching BPTs about tumour markers

CLINICAL MEETINGS

Clinical meetings provide an opportunity for learning in a clinical multidisciplinary context. Trainees and students are encouraged to attend.

Monday

Neuro-oncology Multidisciplinary Meeting (MDM) – 7:15am (2nd weekly) – Michael Donnellan Conference Room (Radiation Oncology)

Pathology Review (weekly) – 8:30am
Anatomical Pathology Conference Room (SEALS)

Breast MDM (weekly) – 1:30pm
Medical Imaging Conference Room

Gynae-Oncology Tumour Board (weekly) – 5pm
Royal Hospital for Women (voluntary)

Tuesday

Lung Cancer MDM (2nd weekly) – 2pm
Radiation Oncology Library

Wednesday

Medical Oncology / Palliative Care and Allied Health unit ward meeting (weekly) – 9:15am
Radiation Oncology Library

Thursday

Journal Club / Registrar presentations (weekly, except last Thursday of month) 8am
Michael Donnellan Conference Room

Upper and Lower GI MDM (weekly) – 12md
Radiation Oncology Library

Friday

Head and Neck MDM (weekly) – 8am
Michael Donnellan Conference Room

Urology MDM (2nd and 4th Friday of month) – 8am
Radiation Oncology Library

Radiology Review (weekly) – 1:30pm
Medical Imaging Conference Room

Sarcoma and Surgical Oncology MDM – 3pm
Michael Donnellan Conference Room

NEPHROLOGY

Head of Department: Conjoint Professor Zoltan Endre (UNSW)

Supervisor of Training: Conjoint Professor Zoltan Endre (UNSW) and Dr Grant Luxton

Nursing Educator: Marcia Gomez

Trainees: 2.0 FTE Advanced Trainees and
1.0 FTE Basic Physician Trainee

The Department of Nephrology is a multidisciplinary service comprising inpatients, renal outpatient clinics and a dialysis service, and is co-located at the POWH and War Memorial Hospital (WMH) and a Home Dialysis Training Unit. The Department provides a home dialysis education and training program for both peritoneal and haemo-dialysis.

Together with the Department of Transplant and Vascular Surgery, the Department hosts the East Coast Transplant Service which takes responsibility for the 20 to 40 kidney transplants performed each year on patients from the St George, Wollongong and St Vincent's Hospital units as well as 15-30 from POWH. The Department conducts monthly transplant recipient assessment clinics at the Wollongong and St George Hospitals, and provides haemodialysis and transplantation services to the Sydney Children's Hospital.

JMO EDUCATION

Daily companion teaching: Monthly sessions on specific renal disease topics

Weekly presentations at department CME meetings

Monthly presentations at mortality / morbidity meeting

2x Radiology X-Ray sessions a month

Monthly live donor transplant meeting (with individual patient discussions)

1 monthly renal pathology meeting

1 x 3 monthly East Coast Renal Transplant Meeting

Supervised training in ultrasound –guided central venous line insertion and renal biopsy

BPT EDUCATION

In 2016, Dr Grant Luxton was a Senior Examiner for the Royal Australasian College of Physicians (RACP). Dr Kenneth Yong was an Examiner for the RACP Clinical examination. They both participated in the ECMN Trial Examination program.

Dr Jonathan Erlich and Dr Mangalee Fernando also contributed to the program by doing long cases with BPTs.

NURSING EDUCATION

As part of our education and training in the Renal Ward, we have implemented a routine that includes:

- A meeting every Friday afternoon to discuss and reflect on issues that have been of concern and or that have been impacting on safety and wellbeing of patients and nursing staff, including Registered Nurses, enrolled nurses, transitional nurses, and students.
- A weekly in-service calendar to remind nursing staff of the educational sessions that we make available to all nursing staff ie: Patient case review or like electrolytes imbalances, transplant procedures.
- Coaching sessions on nursing skills that have not been developed due to lack of confidence in practical experience ie: Assessing and administering intraperitoneal antibiotics on patients that come to emergency with peritonitis.
- Short and long term action plans for fundamental learning principles for nursing staff.
- Supervision and support to nursing staff and nursing students during clinical placement

Clinical Supervision at the point of care is provided for all RNs and ENs employed within the renal service, in addition it is an expectation that all permanent RNs and ENs will be assessed as competent for both generic and specialty specific competencies. A range of learning packages has been developed to assist with the professional development of nurses within the service.

Educational and career pathways have been developed for nursing staff wanting to progress to clinical nurse specialist status or to succession plan into a nursing unit manager, clinical nurse consultant or clinical nurse educator role. In addition there are range of educational opportunities available to nursing staff, some of these are renal based others are offered at an organisational level.

Renal Service Based

Continuing education sessions conducted at least twice a week

Monthly clinical practice meetings conducted on P9W, P3W and Eora Dialysis Centre

Nursing: Organisational

Continuing education and research forum conducted weekly

Transition Thursday

Acute Care Foundation Course (Renal Day) conducted twice a year

Wound care course conducted twice a year

Diabetes course

Nursing: Organisational (continued)

Preceptor workshop conducted three times a year
Clinical Assessors Course conducted twice a year
Coaching clinics conducted 5 times a year
Transformational facilitation conducted twice a year
Clinical supervision workshops
Renal society of Australasia workshops and educational evenings
Transplant nurses association educational evenings
Nephrology education network e learning modules

Allied Health

NSW Renal Social Work Practice Group
DAA Renal Group
Pharmacist continuing education session – weekly
Allied Health continuing professional development - monthly
Organ donation workshops
Renal Social Workers' Network Group of NSW (RSWGNSW)
– Special Interest Group
Organ Donation Workshops
Supportive Care Symposium
Social Work Continuing Professional Development – monthly sessions

Community Education:

Home dialysis education, Patients Transplant Education days

NEUROLOGY

Head of Department:

Conjoint Professor James Colebatch (UNSW)

Supervisor of Training:

Conjoint Assoc Prof A Zagami (UNSW) and Conjoint Professor James Colebatch (UNSW)

The department supports 2.0 FTE Basic Physician Trainees, 1.0 FTE Advanced Trainee in Neurology, 1.0 FTE Neurophysiology Fellow and 1.0 FTE Epilepsy Fellow

TEACHING ACTIVITIES

In addition to formal hospital meetings, including Grand Rounds, RMO and medical student tutorials, and Physician Training Program activities, there are a number of departmental teaching activities, including:

- Neurosciences Grand Rounds on Mondays at the John Dwyer Lecture Theatre. Two neurological and one neurosurgical case are presented. This is followed by a lecture roughly once a month.
- X-ray Meeting - Tuesday 1700hrs, Reporting Room, Radiology, Level 0, POWH (weekly).
- The second Tuesday of the month there is a Neuropathology meeting in the Anatomical Pathology meeting room, level 5.
- Registrars are required to actively participate in the teaching of undergraduate medical students attached to the department. This should include supervision of admissions, case presentations, review of investigation results, and discussion of management.
- The Advanced Trainee is expected to attend relevant Society meetings as well as Brain School.



Dr Michael Fong explaining the physiology of the Hallpike Manoeuvre

BPT EDUCATION

The neurology department at POWH has a long tradition of participation in the BPT Clinical Examination Preparation Program. Led by Professor Paul Spira, the Neurologists and Advanced Trainees give weekly Neurology clinical skills teaching and bedside demonstrations. These sessions are highly valued and form an essential part of physician training here at POWH.

“The Neurology department was exceptional with teaching.”

2016 BPT ECMN Clinical Examination Feedback

JMO EDUCATION

In 2016, Prof Shaun Watson and Dr Michael Fong participated in the POWH Clinical Examination Project, teaching JMOs about assessment of the dizzy patient.



Dr Shaun Watson demonstrating the Hallpike Manoeuvre

NEUROSURGERY

Head of Department: Dr Raj Reddy

Education Coordinator: Dr Raj Reddy & Dr Jacob Fairhall

Training Supervisors for Registrars: Dr Jacob Fairhall & Dr Peter Wilson

Registrars: Accredited 1.0 FTE, Unaccredited 1.5 FTE

Our unaccredited registrar position is one of the most sought after positions in NSW. This is due to our case load / complexity, teaching, and accessible consultant supervision. Our unit also has a strong record of unaccredited registrars getting onto training positions.

ILP Students – 1-2 FTE

Students – Variable, approximately 5-10 per year

College affiliation, accreditation: RACS/NSA

2016 EDUCATION TIMETABLE

Monday:

700-800 Spine meeting - alternate weeks
700-800 Tumour MDT - alt weeks
1630-1730 Neurology/Neurosurgery grand rounds

Tuesday:

700-800 Neurovascular Meeting
1700-1800 (Adult) Neuro-radiology Meeting
1700-1800 Neuro-pathology Meeting - once a month

Wednesday:

700-800 (Adult & Paeds) Pre-op Surgical Meeting

Thursday:

1300-1430 (Paeds) Neuro-radiology Meeting

- 2016 Grand Rounds Program: Bi-annual presentation at Neurosciences Grand Rounds

Our Department hosts the Annual Cranial Access Cadaver Workshop for registrars

NUCLEAR MEDICINE

Head of Department: Dr Monica Rossleigh

Supervisor of Training: Dr Walter Haindl

Trainees

The Department employed 1.0 FTE Accredited Registrar and 1.0 FTE SRMO in 2016, and 2.0 FTE Nuclear Medicine Technologists.

1 Registrar successfully completed training in 2016

TECHNOLOGISTS

We accept trainees (students) from the various universities offering the Bachelor of Medical Radiation Science. We also participate by accepting 'PDY' or interns following graduation (the compulsory training year required to achieve AHPRA registration).

SCIENTIFIC STAFF

Physics and radiopharmaceutical science staff are involved in the Registrar training course for Advanced Trainees in Nuclear Medicine (medical training) offered by AANMS, and in the delivery (lecturer and demonstrator) of the specialist postgraduate programs in physics (University of Wollongong) and radiopharmaceutical science (Macquarie University).

We provide in-service training for department and hospital staff on subjects such as radiation safety, lectures to school students, to private practices on the role of the department in health care. A Physics Registrar is currently being trained within the department (undertaking the TEAP program administered by ACPSEM).

NURSING STAFF

We provide in-service education on management of department-specific activities.

MEDICAL STAFF

Our Department provides training for Residents, Basic physician trainees, and Advanced trainees in nuclear medicine, as well as run CME courses for AANMS. Additionally, the department offers various types of ongoing education, both within the department and to the wider hospital community such as Grand Rounds.

OPHTHALMOLOGY

Head of Department: Professor Minas Coroneo

Director of Training: Dr Leanne Cheung

Training Supervisors for Accredited Registrars:

Profs Coroneo, Watson; A/Profs Francis, Hennessy
Drs Wilcsek, Flax, Agar, Bank, Downie, Capon, Versace, Cheung, Sandbach, Assaad, Masselos, Maloof, Figueira, Chan

The Ophthalmology Department employs 8.0 FTE Registrars and 1.0 SRMO; 3.5 FTE registrars are on rotations, including a rural rotation, Broken Hill Hospital, Sydney Children's Hospital and 0.5 FTE at Sutherland Hospital. The Rural registrar is part of the Outback Eye Service which is Fly-in-Fly-Out

- Aboriginal Medical Service (Redfern) - 1 clinic per fortnight
- Long Bay Jail - 1 clinic per fortnight.
- Rural trips to Bourke, Walgett, Brewarrina and Lightning Ridge. These are 1-2 day clinic trips, usually with a consultant. We also have four trips per year to Bourke hospital for surgical lists consisting of four days of surgery and a week of postoperative care.

The Department is accredited with The Royal Australian and New Zealand College of Ophthalmologists (RANZCO). RANZCO accreditation was completed in May 2016 and the program was reaccredited for 3 years.

GLOBAL HEALTH

Our department is affiliated with The Fred Hollows Foundation. Some of our outback eye service team also volunteer with FHF camps. We are also involved in The Myanmar Eye Project (Dr Geoff Cohn - ex POWH consultant) and in 2016, one of our registrars Dr Claire Ruan volunteered in Myanmar for a week long camp.

In the future, we are considering a possible expansion of the rural post, a part fellowship at the Centre for Eye Health working with early diagnosis of glaucoma and reviewing of investigations.



Outback Eye Service Team and local Bourke Hospital team members - a surgical trip to Bourke

OPHTHALMOLOGY REGISTRAR ACHIEVEMENTS

The two senior registrars of 2017 have been awarded Fellowships in Bristol and Cambridge for further subspecialty training in Paediatrics and glaucoma respectively.

Our exiting senior registrar Dr Parth Shah was granted the Norman Rose Travel scholarship through Sydney Eye Hospital to travel to Bristol. Dr Jenny Lauschke, Registrar, received an Avant DIT research scholarship.

Congratulations to all our successful exam candidates!

- Optics - 2 x pass
- OBCK (clinical first part) - 2 x pass
- Physiology (part 1 basic sciences)-1 x pass
- Anatomy (Part 1 basic sciences) - 1 x pass
- RACE (part II fellowship) - 2 x pass

2016 OPHTHALMOLOGY EDUCATION PROGRAM

Trainees participate in the Ophthalmic Simulator training experience at the Sydney Eye Campus.

Eye School is held jointly with Sydney Eye Hospital network didactic protected teaching every Friday 3-5pm

Journal club (with Dr Ashish Agar)

Weekly internal Ophthalmology registrar training (up to 7 hrs/wk + Eye School)

Neuro clinical rounds every Monday night, fortnightly retinal cases, Paediatric teaching round, Glaucoma teaching fortnightly,

Case presentations

Sydney Eye Hospital rounds and Neuro-Op rounds, Journal clubs
Glaucoma, Cornea and Ocular Motility meetings

M and M meeting May 2016

COSSOM Annual Scientific Meeting December 2016

Registrar Presentations

All registrars present at the COSSOM annual scientific meeting. Some also present at the Annual RANZCO college meeting.

Current research

Assoc Prof Claire Fraser (SSI, Sydney) and Prof Gordon Plant (Moorfields, London) and Dr Jenny Lauschke Visual snow: A thalamocortical dysrhythmia of the visual pathway

Pediatric Microbial Keratitis Prof Stephanie Watson, Dr Dana Robaei and Dr Carolyn Ross and Dr Jenny Lauschke (Avant DIT Research scholarship)

Current research *(continued)*

Professor Coroneo

1. Development of a femtosecond laser-assisted operation for pterygium (in collaboration with Singapore National Eye Centre).
2. Investigation into the ocular surface microbiome in health and disease (in collaboration with School of Optometry and Vision Science & School of Biological, Earth and Environmental Sciences).
3. Development of improved techniques for corneal endothelial cell replacement.
4. Investigations of the effect of treating dry eye syndrome on functional measures of reading

A/Professor Hennessy

1. Improved models of service delivery in collaboration with Optometry
2. Big data analysis of the epidemiology of cataract surge

A/Prof Francis/ Dr Wilcsek

1. Improved surgical techniques for addressing floppy eyelid syndrome

Dr Agar

1. Evaluation of service delivery in regional Australia
2. Survey of medical student teaching of ophthalmology

ORTHOPAEDICS

Head of Department: Dr Andreas Loeffler

The Department of Orthopaedics is a key surgical teaching unit. Input to JMO training is provided and those attached to the unit are supported with orientation and training on the job. There are specialist clinical and radiology meetings held three mornings a week in spine, hand and general orthopaedics. These meetings provide peer review, audit and training.

ORTHOPAEDIC FELLOWS

There are 4 orthopaedic fellows at POWH in shoulder and elbow; hip and knee; foot and ankle and spine surgery. The spine fellowship position is accredited with the Australian Orthopaedic Association as Post Fellowship Education and Training (PFET). Fellows have a supervised role in surgical procedures and will often conduct procedures independently. Our fellows take on a junior consulting role with SET trainees with regard to acute patient assessments; they also participate in journal club and are given an organising role.

ORTHOPAEDIC TRAINEES (REGISTRARS)

1 unaccredited and 4 accredited (RACS/AOA Surgical Education and Training (SET)).

Each trainee is assigned to two consultant supervisors who provide guidance and feedback whilst the trainee conducts clinical assessments and performs surgical procedures appropriate to their level of experience.

Trainees conduct formal patient assessment and presentation at second weekly Thursday morning orthopaedic grand rounds. Trainees present radiological summary of all cases performed at second weekly Thursday morning radiology peer review meeting. Trainees also present cases at the second weekly spine surgery and hand surgery meetings.

Formal, documented feedback is provided to SET trainees every 3 months

Consultant members of the department provide Tuesday afternoon 'bone school' clinical training sessions for a regional group of SET trainees on an annual roster shared with other hospitals in southern Sydney. POWH hosts 'bone school' 4 times a year, usually in the Outpatient Department.

MEDICAL STUDENTS

Medical students from the Prince of Wales Clinical School (UNSW) are attached to the department and receive weekly tutorials, attend outpatients, operating theatre and the orthopaedic ward.

NURSING TRAINING (internal)

Orthopaedic workbooks developed and updated by orthopaedic CNCs are available for all nursing staff

Orthopaedic specific policies and procedures available on Hospital intranet

Regular in-services on ward

Orthopaedic specific skills training and assessment. i.e. annual skin traction assessment

Clinical meetings on ward to discuss orthopaedic nursing issues.

Bedside teaching and training provided by orthopaedic CNCs and CNE on D2N and other wards

NURSING TRAINING (external)

Post graduate certificate in acute care nursing orthopaedic stream attended by nursing staff

Orthopaedic education evening, organized by Australia Orthopaedic Nurse Association

Orthopaedic Annual conference, organized by Australia Orthopaedic Nurse Association

PHYSIOTHERAPY (internal)

Regular in-services provided to first year graduate intern and 4 month rotating physiotherapy position

Attendance to weekly physiotherapy in-services, orthopaedic clinical meeting/ xray meeting

Plastering workshops provided for JMO's as part of their Intern Orientation in the SIM Centre of the Glenn McEnallay Classrooms

Plastering workshops provided for Physiotherapy interns

Orthopaedic in-services and case study presentations to Physiotherapy Department

PHYSIOTHERAPY (external)

Orthopaedic Physiotherapy Clinical Educator to facilitate teaching of physiotherapy students on clinical placement

Orthopaedic Student Manual developed by Orthopaedic Physiotherapy Clinical Educator

Plastering workshops to medical students in conjunction with the UNSW Surgical Society

Planning role for new curriculum -Physiotherapy degree at UTS (2016/2017)

PATIENT EDUCATION AND TRAINING

Education sessions provided in pre-admission clinic (Orthopaedic CNC, Allied health)

Patient information booklet available for elective total joint (hip and knee) replacement patients

Bedside teaching - daily planner available for patients admitted with total joint (hip and knee) replacement

OTOLARYNGOLOGY

The department comprises eight consultants, one waiting list reduction consultant, one accredited registrar, one unaccredited registrar, one research fellow and one resident.

Head of Department: Prof Thomas E Havas.

Director of Training: Dr Andrew Bridger.

Training supervisor for accredited registrars and unaccredited registrar:

Prof Havas, Dr Bridger and Dr Kertesz.

PROGRAM:

The educational timetables are as follows;

- Monthly department meetings.
- Monthly unit M and M audits.
- Monthly Grand Rounds.
- Monthly Head and Neck Ground Rounds.
- Three Monthly Head and Neck M and M meetings.
- Monthly meeting of the Prince of Wales ORL Head and Neck research group.

ACHIEVEMENTS

Both unaccredited registrars successfully applied for accredited advanced training in Otolaryngology Head and Neck surgery.

The formation of the Prince of Wales ORL Head and Neck Research Group chaired by Prof Havas will commence in 2017. This group will meet monthly and comprise of eight department members, registrars, unaccredited registrars, a research fellow, residence from the hospital, speech pathologists, our unit ILP student, and clinical nurse consultant and members of the nursing staff.

This research group was formed to coordinate research and publication undertaken by the Department of Otolaryngology Head and Neck surgery.

The first draft annual report, will be widely circulated at the end of 2017.

2017 will be the first year of collaboration between Professor Havas and the department of Biomedical Engineering at Sydney University. Three major research projects will begin with PhD and Masters' students being co-supervised by the departments of Otolaryngology, Head and Neck surgery at the Prince of Wales Hospital and the Department of Biomedical Engineering at Sydney University.

The main project involves a study of and in vitro growth of human nasal cartilage. Dr George Marcellis and Dr Sim Choroomi are involved in this project.

A project involving three-dimensional imaging and scanning of the nose, with a view to building absorbable scaffolds for help in complex nasal reconstruction is also due to commence in 2017. Department of members involved in this are Prof Havas, Dr Marcellis and Dr Sim Choroomi, as well as Dr Sideris who is a surgical resident at the Hospital.

The effect of endonasal splinting on facial growth and morphology is also being investigated using three-dimensional imaging and growth projections. This research group is again essentially Prof Havas, a PhD student, and an Honours student from the department of Biomedical Engineering at the University of Sydney.

The POWH ORL Head and Neck research group, Dr Jenifer Lee (locum ENT surgeon, Department of Otolaryngology Head and Neck Surgery) and Dr Ian Jacobson (Senior Otolaryngologist Department of otolaryngology Head and Neck surgery, have conjointly constructed a new database for recording, initially, all of our major head and neck cases, with a view to a contemporary data base to audit all of our surgical and non-surgical cases going forward. This represents an exciting new step in data collection.

We are very grateful for the support of the Department of Surgery at Prince of Wales Hospital, and the University of New South Wales Medical School, with the future appointment of our first dedicated Independent Learning Project undergraduate student due to commence in 2018, and we hope in future to open the group to interested postgraduate students. We look forward to greater achievements from the POW ORL H&N Research Group in the year ahead, and we invite interested readers to contact us for further information about any aspect of our work, or to attend our monthly meetings.

We have interfaced with Prof Farnsworth and Prof Crowe about the ORL Head and Neck Research Group going forward. We have agreement in principle from Prof Farnsworth for a Research Fellow, and will be asking Prof Crowe to address the group, particularly with regards to guidance in terms of how funding could be obtained through University/ Research Sources.

If you require additional information please contact Professor Thomas E Havas in writing. Department Head and Conjoint Associate Professor, Otolaryngology Head and Neck Surgery, Prince of Wales and Sydney Hospitals.

PALLIATIVE CARE

Head of Department: Conjoint Associate Prof Richard Chye
(UNSW)

Primary Term Supervisor: Dr Sara Rendo

Community / RHW Supervisors:
Dr Helen Herz, Dr Rosanne Moses

Community / SCH Supervisors:
Dr Meg Sands, Dr Susan Trethewie

The Department of Palliative Care provides consultative services to the Prince of Wales Hospital, the Royal Hospital for Women and the Sydney Children's Hospital. We also provide a Consultative Service to a geographical area surrounding Prince of Wales Hospital as part of the Prince of Wales Community Service.

MEDICAL TRAINEES

Community: 1.3 FTE Registrar

Royal Hospital for Women Advanced Trainee: 0.4 FTE Registrar

Sydney Children's' Hospital: 0.3 FTE Registrar

The department of Palliative Care are a designated medical teaching unit and participate in the hospital rotation of Basic Physician Trainees as well as providing specialist training to Advanced Trainees as part of a formal training program.

In partnership with the POW cancer services and St Vincent's Hospital, the department also rotate 1 FTE Advanced Trainee through the department of Radiation Oncology as part of a Palliative Care-Oncology traineeship.

EDUCATIONAL ACTIVITIES

Dr Meg Sands runs a fortnightly symptom management tutorial on Tuesdays at 2pm.

There is also a weekly journal club at Sacred Heart Centre and a fortnightly tutorial at POWH. A large bulk of teaching occurs in the clinical setting at home visits and on ward rounds done with the Staff Specialist and Palliative Care CNC.

PLASTIC & RECONSTRUCTIVE SURGERY

Head of Department: Dr Sean Nicklin

Supervisors of Training: Dr Pouria Moradi & Dr Sean Nicklin

Fellows: 1.0 FTE Craniofacial Research Fellow – privately funded

Registrars: 2.0 FTE accredited registrars, 1.0 FTE accredited registrar (funded privately) on 6 monthly terms

SRMOs: 1.0 FTE

Students: 1.0 FTE rotates from UNSW

GLOBAL HEALTH

Members of our department continue to contribute regularly to Interplast, delivering Plastic Surgery to the developing world

EDUCATION PROFILE:

Dr Sean Nicklin

Dr Sean Nicklin is the Director of Plastic Surgery at the Prince of Wales Hospital, and is a Plastic Surgery Consultant for Hand Surgery at Sydney Hospital. He provides a Breast reconstruction service at the Royal Hospital for Women and a service for children with congenital deformities at the Sydney Children's Hospital, and is actively involved in surgery education and research.

In addition to his clinical work, Dr Nicklin has an ongoing interest in Plastic Surgery Education and Research. He is Chairman of the NSW Plastic Surgery training Committee which gives him responsibility for the quality and training of future Plastic Surgeons. He's also a Clinical Lecturer at Sydney University.

RADIATION ONCOLOGY

Head of Department:

Conjoint Associate Prof Michael Jackson (UNSW)

Training Supervisor: Dr Rowena Martin

Advanced Trainees:

POW Radiation/Oncology is part of the NSW training network for registrars with up to 4 Registrar level medical staff in training

RADIATION ONCOLOGY MEDICAL PHYSICS

ROMP registrars are funded through both NSW Ministry of Health and Commonwealth Department of Health with up to 3 ROMP

We also host registrars-in-training at any time through completion of Masters degrees and professional accreditation. In addition, our department hosts international students from across Asia-Pacific and Europe.

MEDICAL RADIATION THERAPISTS

Up to 4 MRT new-graduates are inducted annually following completion of their undergraduate degree. In addition to formal professional training programs, there is regular in-house training across all disciplines as well as external training on offer through trade/ manufacturer formal training, attendance at domestic and international conferences and collaboration with Universities in practice development.

Our Department was accredited by the Royal Australian and New Zealand College of Radiologists in Jan 2015, and we received 5 years of Level A accreditation.

POWH MEDICAL EDUCATION

The Radiation Oncology Department participates regularly in the weekly POWH Grand Rounds

Medical Student Education and Examining

Dr Thompson is the coordinator of Medical Students for Radiation Oncology for the POWH Clinical School, where by he supervises Phase 2 and 3 students attached to the term. He also participates as a Phase 1 examiner for medical students

Radiotherapist/Allied Health Education

In 2016, Dr Thompson provided an in-Service, to the POW Cancer Centre Nursing Staff: "An Introduction to Radiotherapy".

Grants Received

NHMRC Development Grant 2017-19 1118450 P Keall, I Feain, R Mackie, P Prather, B Wright, R O'Brien, M Jackson, M Barton, P Bennet. Nano-X: A new class of cancer radiotherapy system.

NSW Health Medical Devices Fund to develop Nano-X

ARC DP170102273 A Rozenfeld, T Kron, M Petasecca, M Lerch, M Jackson, N Matsufuji and D Prokopovich. Radiation detectors to better understand ion interactions.

UNSW-Tsinghua University Collaborative Research Fund - Seed Grants RG162788 2016 -18. Towards "green" nanomedicine: study of heating efficiency of magnesium nanoparticles in biological tissues. Timchenko V, Liu J, He Z, Nordon R, Gu S, Yeoh G, Jackson M

RADIATION ONCOLOGY EDUCATION

Prof Jackson was the Co-convenor for "Micro Mini and Nano Dosimetry - Innovative Technology in Radiation Oncology", Hobart January 2016, and was the Australian Representative on International Committee for World Congress of Brachytherapy, San Francisco June 2016

Dr Thompson provides teaching to radiation and medical oncology registrars. He is also a member of the Steering Committee and the Anatomy Co-ordinator for the Basic Sciences of Oncology Course

Dr Stephen Thompson acted as convenor for the Radiation Oncology Part II Training Day on Gynaecological Oncology held at POWH

Dr Stephen Thompson contributed to the development of guidelines for Radiation Oncology in Gynaecology Oncology, published on the RANZCR website and on EVIQ.

- Gynaecology Oncology Radiation Oncology Collaborative (GOROC), Faculty of Radiation Oncology, RANZCR. Position Paper on Image Guided Brachytherapy (IGBT) for Cervical Cancer. Royal Australian and New Zealand College of Radiologists. 2016. <http://www.ranzcr.edu.au/resources/professional-documents/guidelines>
- Gynaecology Working Group: ID 105 Radiation Oncology, Gynaecological, Cervix Definitive EBRT. eviQ Cancer Treatments Online, Cancer Institute NSW. 2016.
- Gynaecology Working Group: ID 1471 Radiation Oncology, Gynaecological, Cervix Adjuvant EBRT. eviQ Cancer Treatments Online, Cancer Institute NSW. 2016.
- Gynaecology Working Group: ID 1995 Radiation Oncology, Gynaecological, Cervix Adjuvant EBRT Chemoradiation.. eviQ Cancer Treatments Online, Cancer Institute NSW. 2016.
- Gynaecology Working Group: ID 1319 Radiation Oncology, Gynaecological, Cervix Definitive Brachytherapy Boost. eviQ Cancer Treatments Online, Cancer Institute NSW. 2016.
- Gynaecology Working Group: ID 233 Radiation Oncology, Gynaecological, Endometrium, Adjuvant EBRT.. eviQ Cancer Treatments Online, Cancer Institute NSW. 2016.

PUBLICATIONS

Jackson M. Should children travel overseas for proton therapy? *J Med Imaging Radiat Oncol* 60 (2016) 102–104

Duchesne G, Haworth A, Bone E, Carter H, Ebert M, Gagliardi F, Gibbs A, Hornby C, Martin A, Sidhom M, Wood M and **Jackson M.** Testing the Assessment of New Radiation Oncology Technology and Treatments framework using the evaluation of post-prostatectomy radiotherapy techniques. *J Med Imaging Radiat Oncol* 60 1 (2016) 129–137

Chard J, **Jackson M**, Sasso G, Forstner D and Ahern V. Particles in the South Pacific. *Int J Radiat Oncol Biol Phys* 95 (1) 19-20 2016

Feain I, Shieh C-C, White P, O'Brien R, Fisher S, Counter W, Lazarakis P, Stewart D, Downes S, **Jackson M**, Baxi S, Whelan B, Makhija K, Huang C-Y, Barton M and Keall P. Functional imaging equivalence and proof of concept for image-guided adaptive radiotherapy with fixed gantry and rotating couch. *Advances in Radiation Oncology* (2016) 1, 365-372

Cadini F, Bolst D, Guatelli S, Beltran C, **Jackson M** and Rosenfeld A. Neutron shielding for a new projected proton therapy facility: A Geant4 simulation study. *Physica Medica* 32 (2016) 1862–1871

Lehane C, Ho F, **Thompson SR**, Links D, Lewis C, Smee R, Parasyn A, Friedlander M, Williams J, Crowe P. Neoadjuvant chemoradiation (modified Eilber protocol) versus adjuvant radiotherapy in the treatment of extremity soft tissue sarcoma. *Journal of Medical Imaging and Radiation Oncology* 2016; 60:539-544

Thompson SR, Delaney GP, Jacob S, Shafiq J, Wong K, Hanna TP, Gabriel GS, Barton MB. Estimation of the Optimal Utilization Rates of Radical Prostatectomy, External Beam Radiotherapy and Brachytherapy in the Treatment of Prostate Cancer By a Review of Clinical Practice Guidelines. *Radiotherapy and Oncology*. 2016; 118:118-121

Tang S, Ng C, Smee R, **Thompson SR**. Metastatic basal cell carcinoma: A case series and review of the literature. *Australasian Journal of Dermatology* 2016; DOI: 10.1111/ajd.12459

CR Lemech, R Williams, **SR Thompson**, B McCaughan, M Chin. Treatment of Breast Cancer 2 (BRCA2)-mutant follicular dendritic cell sarcoma with a poly ADP-ribose polymerase (PARP) inhibitor: a case report. *BMC Research Notes*. 2016; 9:386-390.

PRESENTATIONS & POSTERS

Lehane C, Ho F, **Thompson SR**, Links D, Lewis C, Smee R, Parasyn A, Friedlander M, Williams J, Crowe P. Preoperative chemoradiotherapy for soft tissue sarcoma, the Prince of Wales experience. Invited presentation. *Australian Sarcoma Group/ Australasian Sarcoma Study Group Annual Scientific Meeting*, Sydney. 2016.

Winner, Choong- Dickinson Sarcoma Poster Prize

Jackson M. Enhancing Cancer Treatments with Oncothermia. MMND-ITRO Hobart 2016

Merchant A, Guatelli S, Petesecca M, **Jackson M** and Rozenfeld A. Monte Carlo characterisation of the Dose Magnifying Glass for proton therapy quality assurance. MMND-ITRO Hobart

McDonald M, Corde S, Lerch M, Rosenfeld A, Tehei M and **Jackson M.** A preliminary in vitro evaluation of oncothermia on a normal and cancerous cell line. 12th International Congress of Hyperthermic Oncology New Orleans 2016

Timchenko V, Dombrovsky L and **Jackson M.** A method to determine the increase in blood perfusion in human dermis during infrared hyperthermia. 12th International Congress of Hyperthermic Oncology New Orleans 2016

Feain I, Shieh C, White P, O'Brien R, Counter W, **Jackson M**, Downes S and Keall P. The Nano-X image-guided adaptive gantry-less linac: imaging and dosimetry under phantom rotation. ESTRO 35 Turin 2016

Whelan B, Welgampola M, McGarvie L, Makhija K, Feain I, Holloway L, Berry M, Barton M, Turner R, **Jackson M** and Keall P. Cancer patient experience of slow, single arc rotation to simplify radiation therapy delivery. ESTRO 35 Turin 2016

Jackson M Proton Therapy in Australia: Progress towards Providing a New Tool for Cancer Treatment, Sir Charles Gairdner Hospital, Perth June 2016

Oar AJ, Wong W, Chen C, Haghighi KS, **Thompson S**, Goldstein D. Stereotactic body hypofractionated radiotherapy for inoperable pancreatic cancer, with or without metastases. 12th World Congress of International HepatoPancreaticobiliary Association, Sao Paulo, Brazil. 2016.

Chin V, Lindeman R, Herzberg M, Brighton T, Cheung C, MacCallum S, Kidson-Gerber G, Wegner E, Fulham M, Jackson M, **Thompson SR**. The impact of salvage treatment modality in patients with positive PET after RCHOP chemotherapy for DLBCL. Poster presentation, *RANZCR 67th Annual Scientific Meeting*, Gold Coast. 2016. HAA - Haematology Society of Australia and New Zealand, Australian & New Zealand Society of Blood Transfusion and the Australasian Society of Thrombosis and Haemostasis, Melbourne. 2016

Lubotzky F, Butow P, Hunt C, Carroll S, **Thompson SR**, Jackson M, Tewari A, Juroskova I. Improving post-radiotherapy adjustment for women with gynaecological or anorectal cancer: A RCT of a psycho-educational booklet. Oral presentation, *RANZCR 67th Annual Scientific Meeting*, Gold Coast. 2016.

Lehane C, Ho F, **Thompson SR**, Links D, Lewis C, Smee R, Parasyn A, Friedlander M, Williams J, Crowe P. Preoperative chemoradiotherapy for soft tissue sarcoma, the Prince of Wales experience. Invited presentation. *Australian Sarcoma Group/ Australasian Sarcoma Study Group Annual Scientific Meeting*, Sydney. 2016. Winner, Choong- Dickinson Sarcoma Poster Prize

Moradi B, **Thompson SR**, Brighton T. Role of Radiotherapy in Management of Gingival Infiltration by CMML. Poster presentation, *HAA - Haematology Society of Australia and New Zealand, Australian & New Zealand Society of Blood Transfusion and the Australasian Society of Thrombosis and Haemostasis*, Melbourne. 2016

RESPIRATORY

Head of Department: Dr Nicholas Murray

Supervisors of Training:

Dr Nicholas Murray, Prof Paul Thomas, Dr Anup Desai,
Dr Paul Hamor, Dr Brian Jarvie

Nursing Educator: Kate Frompton

Physiotherapy Educator: Renae McNamara

TRAINEES 2016

Basic Physician Trainee in Respiratory: 1.5 FTE

Advanced Trainees in Respiratory Medicine: 1.0 FTE

Advanced Trainees in Respiratory & Sleep Medicine: 2.0 FTE

The advanced trainees take a Phase II (2nd – 4th year) student tutorial weekly (1-2 hours), supervise Phase III (4th - 6th year) students on the ward on a daily basis and perform regular hospital lectures for students

Lectures and demonstrations to JMOs & BPTs are delivered 10 times per year

ATs undertake long and short cases with basic trainees on a regular basis, and coordinate the Respiratory Short Case practice day annually

Interns and residents – 3.0 FTE each term

Students: 10-13 students from UNSW each term

Teaching to Medical Students occurs each term. Our Department provides a series of lectures on a rotational basis to ensure all students receive the same content.

Dr Elizabeth Brown	COPD assessment and management
Dr B Jarvie	Bronchoscopy
Prof P Thomas	Epidemiology of chronic lung diseases
Ms S Jeffery	Resp Function Lab
Dr Yizhong Zheng	Oxygen therapy
Dr Emma Stumbles	Bedside respiratory examination
Dr Anup Desai	Sleep Disorders
Prof P Thomas	Asthma assessment and management
Dr Alexandra Dollman	Respiratory examination

2016 POWH GRAND ROUNDS PRESENTATIONS

- Developments in Cystic Fibrosis Management
- Oxygen Therapy – Too much of a Good thing?

COLLEGE AFFILIATION, ACCREDITATION

Recent RACP accreditation in 2016 for both Respiratory and Sleep training

2016 EDUCATION TIMETABLE/PROGRAM

MEETING	FREQUENCY	PARTICIPANTS
Medical Grand Rounds	Weekly	Division of Medicine members, guest speakers
Respiratory Ward Whiteboard Meeting	Daily	Respiratory Medicine, Nursing, Allied Health
Radiology Meeting	Weekly	Respiratory Medicine, Radiology,
TB/Infectious Diseases meeting	Monthly	Respiratory Medicine, Chest Clinic, Infectious Diseases, Nursing
Histopathology MDT	Monthly	Respiratory Medicine, Pathology, Allied Health
Sleep Unit MDT and Education Meeting	Monthly	Respiratory Medicine, Sleep Lab, Orthodontist, Orofacial Surgeon
Lung Cancer MDT	Fortnightly	Respiratory Medicine, Medical Oncology, Cardiothoracic Surgery, Radiology, Radiation Oncology, Palliative Care, Occupational Therapy, Social Work
ILD MDT	Monthly	Respiratory, Radiology
Morbidity and Mortality Meeting	Monthly	Respiratory physicians, registrars, JMOs, nurses and allied health workers
Respiratory Department Education Meeting	Monthly	Respiratory Medicine, Nursing, Physiotherapy, JMOs, Allied Health
Respiratory Physiology Education Meeting and Journal Club	Weekly	Respiratory Medicine – Consultants and ATs

EXTRA COURSES RUN/HELD

Masters of Respiratory weekend, coordinated by Dr Paul Hamor for all Respiratory Advanced trainees in NSW

ANY PROGRAM EVALUATION REPORTS

The RACP recently accredited the department, suggesting that there was capacity for 1 extra trainee in both Respiratory and Sleep

ASTHMA EDUCATION

Asthma education is included in the Six Point Asthma Management Plan prepared and promoted by the TSANZ, the Royal Australian College of General Practitioners, the Pharmaceutical Society of Australia and the Asthma Foundations of Australia and is a key component of optimum asthma management.

Our Unit published the first Australian report of a “Controlled Trial Evaluation of an Asthma Education Program In Adults”. The aim of asthma education is to inform patients and their carers about the condition and its management so that, through increased awareness and better management practices, quality of life may be improved and both morbidity and mortality of asthma can be decreased.

All patients with a primary diagnosis of acute asthma are to be referred for asthma education.

Referrals can be made to the outpatient education service by any medical, nursing or allied health staff member by phoning the Asthma Educator on 9382 4641. A doctor's letter is also acceptable. Education will be offered, including the provision of an Adult Asthma Information Pack to the patient/carer. An Asthma Action Plan is to be written by the medical officers prior to discharge. This document can be found in the Adult Asthma Information Pack. The original is given to the patient and the carbon copy left in the notes. The patient's physician will be encouraged to review the patient's Asthma Action Plan when their asthma has entered a more stable phase.

GLOBAL HEALTH

Dr Andrew Dimitri works for Medicine Sans Frontier (MSF) for several missions per year. Dr Dimitri is also currently developing a proposal for a global health program based at POWH.

RHEUMATOLOGY

Head of Department: Dr Jim Bertouch

The Rheumatology Unit at POWH employs 1.0 FTE Advanced Trainee.

Trainees participate in a variety of educational activities during their time in the Rheumatology Unit.

- Clinical Conference: Combined meeting with St George Hospital Rheumatology Unit and other rheumatologists in private practice (the Friday Group)
- Weekly Registrar responsible for case presentations and subject/topic review
- Fortnightly X-Ray Conference
- Fortnightly Journal Club
- Fortnightly Grand Rounds
- Weekly Grand Rounds - Rheumatology Unit presents twice per year
- Muscle histopathology Meeting every 3 months

Other Educational Activities that our Department participates in include:

Attendance at NSW ARA Rheumatology Training program (monthly)

Case and/or research presentation at NSW ARA Hospital meeting (annually) and State Scientific Meeting (annually)

Participation in formal Lecture program to 4th year Medical students (8 week cycle)

Clinical teaching 4th and 6th year Medical Students attached to Rheumatology Unit

Participation in FRACP Part 1 training program

Arthritis Education Program (in conjunction with paramedical staff) - every 4 months

EDUCATION PROFILE – Dr Arvin Damodaran

One of our Rheumatologists, Dr Arvin Damodaran has a clinical academic position with UNSW and Prince of Wales Hospital, and is heavily involved in Medical Education. Arvin is the Director of the Clinical Teaching Unit, Prince of Wales Clinical School and is the Phase 3 Convenor of the UNSW Medicine program.

In 2016, Arvin became an Associate Fellow of the Australian and New Zealand Association for Health Professional Educators. He has been engaged in Royal Australasian College of Physicians (RACP) curriculum review and specialist training endeavours, and is a RACP Senior Examining Panel member.



Dr Arvin Damodaran teaching the anatomy and examination of the shoulder joint in the 2016 POW CEP series



Dr Arvin Damodaran's recent education focused publications and presentations include:

1. Damodaran A; Shulruf B; Jones P, 2017, 'Trust and risk: a model for medical education.', *Med Educ*, <http://dx.doi.org/10.1111/medu.13339>
2. El-Haddad C; Damodaran A; McNeil PP; Hu W, 2017, 'A Patient-Centered Approach to Developing Entrustable Professional Activities', *Academic Medicine*, <http://dx.doi.org/10.1097/ACM.0000000000001616>
3. Damodaran A; Shulruf B; Jones P, 2017, "Trust" versus 'competency' in the workplace', *Medical Education*, vol. 51, pp. 338, <http://dx.doi.org/10.1111/medu.13203>
4. El-Haddad C; Damodaran A; McNeil HP; Hu W, 2016, 'The ABCs of entrustable professional activities: an overview of 'entrustable professional activities' in medical education', *Internal Medicine Journal*, vol. 46, pp. 1006 - 1010, <http://dx.doi.org/10.1111/imj.12914>
5. El-Haddad C; Damodaran A; Patrick McNeil H; Hu W, 2016, 'The experience of patients admitted to hospital with acute low back pain: a qualitative study.', *Int J Rheum Dis*, <http://dx.doi.org/10.1111/1756-185X.12870>
6. Damodaran AK; Rimington J; Sivabalan P, 2016, 'The Randwick Interprofessional Educators (RIPE) ward simulation: delayed evaluation of an interprofessional education activity.', in The Randwick Interprofessional Educators (RIPE) ward simulation: delayed evaluation of an interprofessional education activity., ANZAHPE - OTTAWA 2016 Joint Conference, Perth Convention Centre, Perth, WA, presented at ANZAHPE - OTTAWA 2016 Joint Conference, Perth Convention Centre, Perth, WA, 19 - 23 March 2016
7. Damodaran AK, Thomas D, Stokes ML, Gustavs J, 2015, 'How Do We Ensure That Competency-based Curricula Build Systems In Which Trainees, Their Supervisors, Patients And The Broader Community Can Trust?', in *How Do We Ensure That Competency-based Curricula Build Systems In Which Trainees, Their Supervisors, Patients And The Broader Community Can Trust?*, Australian & New Zealand Association for Health Professional Educators (ANZAHPE) Annual Conference, Newcastle, presented at Australian & New Zealand Association for Health Professional Educators (ANZAHPE) Annual Conference, Newcastle, 29 - 31 March 2015, http://anzahpeamea2015.com.au/abstracts/pdf/abstract_3361.pdf

SPINAL INJURY UNIT

Head of Department: Dr Sachin Shetty

Supervisor of Training: Dr Monica Ling

Nursing Educator: Kirsten Kennedy

Physiotherapy Educator: Sophie Denis

ACCREDITED TRAINEES 2016

Spinal registrars: 2.0 FTE

2016 EDUCATION TIMETABLE/PROGRAM

- Monday Registrar Teaching
- 1st Monday of the month:
Journal Club
- 2nd & 3rd Monday of the month:
Long Case Topic Presentation
- 4th Monday of the month
Short Cases on Ward (all Registrars)
- Friday - MSK with Dr Sachin Shetty 1330-1500
- Informal teaching at twice weekly ward rounds
- Once weekly clinics supervised by consultants
- Once a month AFRM Bi-national training at RACP office

COLLEGE AFFILIATION, ACCREDITATION:

RACP – accreditation for BPT training, Australasia Faculty of Rehab Medicine & Faculty of Pain Medicine

FUTURE TRAINING PLANS

Spinal Master Class to assist with examination candidates for the AFRM fellowship

UROLOGY

Head of Department: Dr Stuart Ehsman

Director of Training: Dr Andrew Richards

Nominated Training Supervisor for:

Accredited Registrars: Dr Stuart Ehsman, Dr Andrew Richards,
Dr Alastair Cameron-Strange, Dr Thomas Jarvis.

Trainees:

Accredited Registrars - 2.0 FTE

Intern/SRMO - 1.0 FTE

Students - attachment regular pre-intern attachment at end of
year. Irregular student attachment throughout the year.

2016 EDUCATION TIMETABLES/PROGRAMS:

Annual full day teaching program for NSW accredited
Urological Trainees.

2016 GRAND ROUNDS PROGRAM:

Annual advanced urodynamics teaching course.

Weekly teaching session for advanced Urological trainees.

Second weekly MDT meetings.

Monthly transplant / donor renal surgery meeting.

Three monthly M & M meeting.

Undergraduate student teaching session for UNSW

3 monthly

COLLEGE AFFILIATION, ACCREDITATION:

The Unit is a recognized post for two advanced Urological
Trainees for The Royal Australasian College of Surgeons.

ACHIEVEMENTS:

2016 continued to 100% pass rate for part 2 FRACS
examinations in Urology

Appendix

POWH JMO Education Survey

Executive Summary

**Nick Malouf, Jordan McGrath, Tom Lucena,
Paddy Hosie and Annmarie Bosco**

The provision of prevocational education and training to junior medical officers is an obligatory and vital responsibility of The Prince of Wales Hospital. There are multiple elements, both formal and informal, contributing to JMO education and training. Although significant experience and 'on the job' training is provided by senior medical staff, formalised teaching in the form of regular lectures and tutorials is essential to ensure a minimum knowledge and skill base across the entire cohort, and cannot be neglected. Adequate protected teaching is also a HETI requirement for DPET accreditation in NSW.

This survey was created to assess the current state of JMO teaching at POWH. It was delivered in an online format to all PGY1s and PGY2s, with a response rate of 79% (66/84). This is a relatively high response rate for a medical workforce survey, indicating a strongly representative sample.

Results from this survey indicate that the current arrangements for JMO teaching are not facilitating adequate protected teaching at POWH. Currently, PGY1 and PGY2 cohorts each have one hour of protected teaching per week during work hours. This teaching is compulsory for PGY1 medical officers, however survey results indicate only 20% attend >70% of sessions. The survey indicates that although there is strong JMO interest in teaching, specific barriers exist preventing teaching attendance. The most commonly reported barriers included timing of teaching sessions clashing with work duties, rostering, and a perceived lack of awareness and encouragement of formalised JMO teaching amongst senior medical officers.

There were many positive findings of the survey. JMOs on the whole were satisfied with the quality and content of formalised teaching. JMOs were satisfied with the amount of quality teaching opportunities in emergency medicine (where compulsory teaching attendance is enforced). JMOs recognise the importance of formalised teaching and have given very positive feedback for many of the teaching sessions this year. The survey also gave JMOs the opportunity to advise on future teaching topics with many requests for more procedural, clinical skill-based, and professional development teaching opportunities.

Using the survey results, we have created a list of recommended action items, recommendations that we hope will improve attendance and tailor the topics of teaching towards JMO needs. We also recommend that a survey of this kind be performed on an annual basis for the continuing evaluation of JMO teaching, including reassessment of changes and interventions.

Background and Objectives

For 2016, Prince of Wales Hospital has a cohort of 84 Junior Medical Officers (41 PGY1s and 43 PGY2). As part of the HETI Prevocational Training Accreditation Standards, it is required that the Prevocational Training Provider meets the education and training needs of this cohort. The objective of the POWH 2016 JMO Education Survey was to assess the content, quality and delivery of teaching for PGY1 and PGY2 medical officers.

The HETI Prevocational Training Accreditation Standards (2014) dictate that "The Provider allocates time exclusively for formal education and training, which is quarantined from service responsibilities" and that "participation in the prevocational training is monitored and facilitated". Currently, there are protected teaching times for JMOs on Tuesday at 12pm for PGY1s and Wednesday at 1pm for PGY2s. Attendance is not restricted by postgraduate year, and attendance at both sessions is encouraged if possible. Anecdotally, attendance has been poor throughout 2016. One of the goals of this survey was therefore to assess the attendance of JMOs at teaching and to determine what factors influence attendance.

Survey Design and Method

The survey was designed by a group of JMOs, under the guidance of a senior medical officer. The survey included 21 questions comprised of three formats: multiple choice, Likert-type rating scale, or free text. The Likert-type rating scale required respondents to select from 1 (strongly disagree) to 5 (strongly agree) or to select 'unsure'. In the presentation of results below, a mean score has been used to indicate the overall response of JMOs.

Ethics approval was obtained from the SESLHD Ethics Committee. The survey was delivered using the website SurveyMonkey. A link to the survey was emailed to all JMOs, and in addition was available via the POWH JMO Facebook page. Participation was anonymous and voluntary. Participants can withdraw consent at any time if desired and have their responses removed from the data. The survey was open for a total of three weeks from 15th August to 5th September 2016.

The data collected will be stored for five years as per NHMRC guidelines. Data collected will be used to improve teaching at POWH and will be prepared for publication in medical literature.

Action Items

In response to the survey data we recommend specific actions to generate improvement in three main areas:

1. Timing of Teaching

2. Hospital Culture toward JMO Teaching

3. Content of Teaching

1. Timing of Teaching

Goal: Establish a more suitable time for JMO teaching

Action Items:

- a) Propose change of intern teaching from 12pm to 2pm on Tuesday to start at the beginning of term 1, 2017
- b) Survey impact of change in timing at end of term 2, 2017
 - RMOA Education Reps

2. Hospital Culture Toward JMO Teaching

Goal: Increase Awareness of JMO Teaching Among Senior Staff

Action Items:

- a) Contact all HoD and Directors of Training of JMO terms with information regarding JMO teaching and expectations of attendance
 - December 2016
 - DPET
- b) Quarterly report of attendance by JMO term
 - First report at end of first quarter 2017
 - DPET

Goal: Develop JMO Culture of Attending Teaching

Action Items:

- a) Propose weekly email notifying JMOs of upcoming teaching topics
 - December 2016
 - DPET
- b) Update 2017 interns on JMO teaching expectations during orientation week
 - January 2017
 - RMOA Education Reps
- c) Assess effect of changes with repeat JMO Education survey in August 2017
 - RMOA Education Reps

3. Content of Teaching

Goal: Tailor content of JMO teaching towards needs of JMOs

Action Items:

- a) Formalise the role of RMOA education reps to advise the Department of Prevocational Education and Training on teaching topics and presenters
 - January 2017
 - RMOA Education Reps
- b) Draft suggested curriculum based on survey results, word-of-mouth, and existing curricula
 - Current work in progress
 - RMOA Education Reps

An additional area for improvement identified from survey results is JMO attendance at Grand Rounds. In the authors' opinion JMO input ought to be sought as part of wider discussions regarding timing, content, and whole hospital participation in Grand Rounds.

Survey Results and Discussion

QUESTION 1:

Indicate your post-graduate year

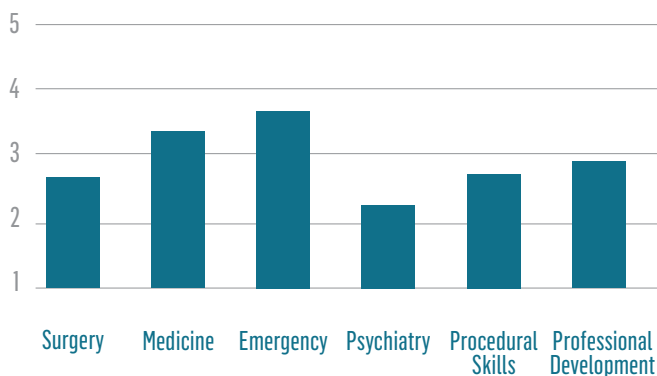
Answer	Frequency
PGY1	34
PGY2	32

66 of 84 JMOs at POWH responded to the survey, giving a response rate of 79%.

There was a slightly higher response rate amongst PGY1s (34 of 41, 83%) compared to PGY2 (32 of 43, 74%). It is notable that during the survey period, many PGY2s were preparing for and participating in job applications and interviews, possibly explaining the lower PGY2 representation.

QUESTION 2:

I am satisfied with the amount of quality learning opportunities offered for each of the following areas



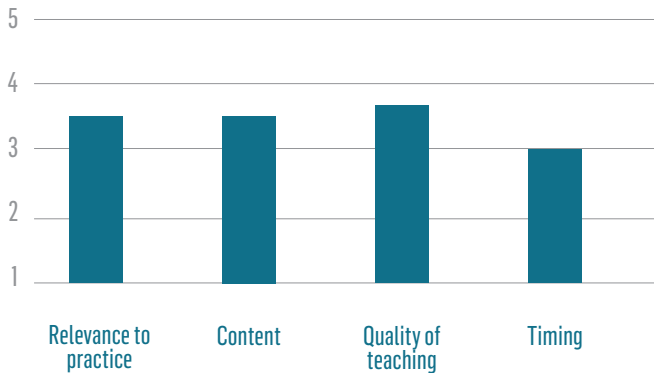
1 = 'strongly disagree', 5 = 'strongly agree'.

Overall, respondents were dissatisfied with the amount of quality learning opportunities available in the areas of psychiatry, surgery, procedural skills and professional development. Junior doctors were more satisfied with the amount of learning opportunities in emergency medicine and general medicine.

It should be noted that during the emergency term there is regular teaching that junior doctors are required to attend during their shift and rostering is arranged such that junior doctors' duties are relieved by senior staff while they are at teaching.

QUESTION 3:

I am satisfied with the following aspects of protected teaching



1 = 'strongly disagree', 5 = 'strongly agree'.

Overall respondents were happy with the quality, content and relevance to practice of teaching. Respondents were least happy with the timing of teaching.

QUESTION 4:

Are you happy with the number of protected teaching sessions available each week?

Answer	Frequency
Yes	40
No, I would like more	26
No, I would like less	0

The majority (60%) of respondents were happy with the number of available teaching sessions per week, while the remaining 40% would prefer more teaching sessions per week. No respondents felt that there were too many sessions, reflecting an eagerness to learn amongst junior doctors.

QUESTION 5:

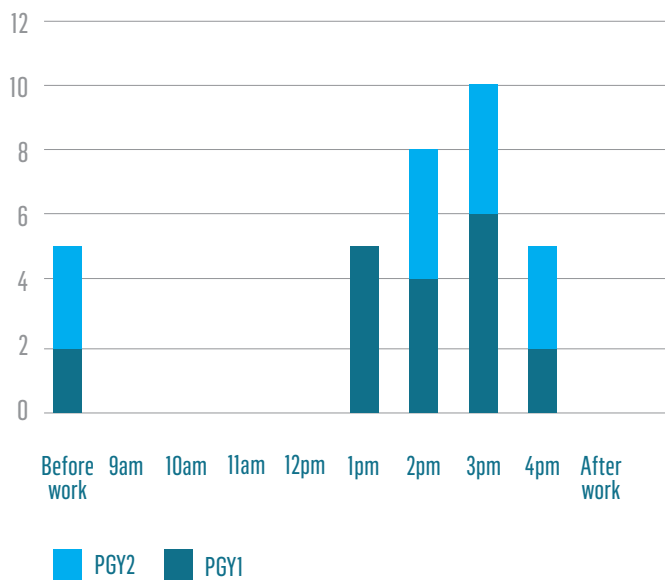
Are you satisfied with the current protected teaching times?

Answer	PGY1	PGY2	Total number
Yes	15	18	33
No	19	14	33

Half of all respondents were dissatisfied with the current timing of protected teaching. It is of note that dissatisfaction was greater amongst PGY1s (56%), compared to 44% of PGY2s, indicating the inferiority of 12pm Tuesday as a teaching time.

QUESTION 6:

What time would you prefer for protected teaching?



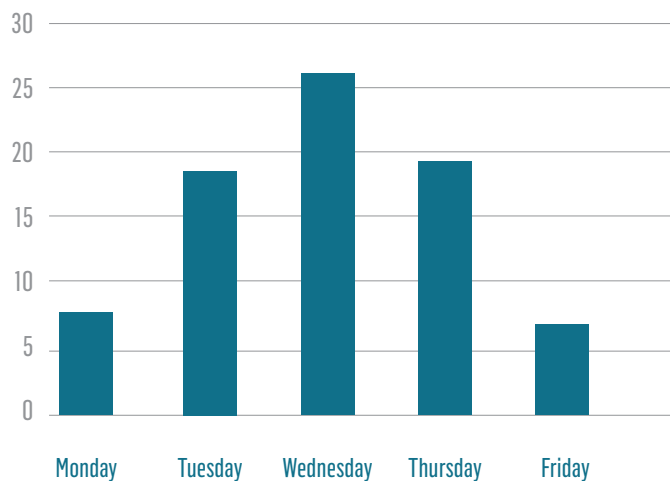
All respondents who answered 'No' to question 5 gave a preferred teaching time. 55% of this subset suggested that teaching start at either 2pm or 3pm.

It is interesting to note that 5 PGY1s selected 1pm as a preferred teaching time (the current PGY2 teaching time) whereas no PGY2s selected 12pm as a preferred teaching time (the current PGY1 teaching time).

13 respondents who answered 'Yes' to question 5 gave a preferred teaching time. 8 (62%) of this subset selected 1pm as their preferred teaching time whereas only 1 respondent selected 12pm as their preferred teaching time.

QUESTION 7:

On which day of the week would you prefer protected teaching?



Y-axis indicates total number of responses favouring that day

This was a free-text entry, with the vast majority of responses indicating a preference for Tuesday/Wednesday/Thursday teaching.

Only five respondents (8% of total) suggested Mondays and/or Fridays as preferred days.

QUESTION 8:

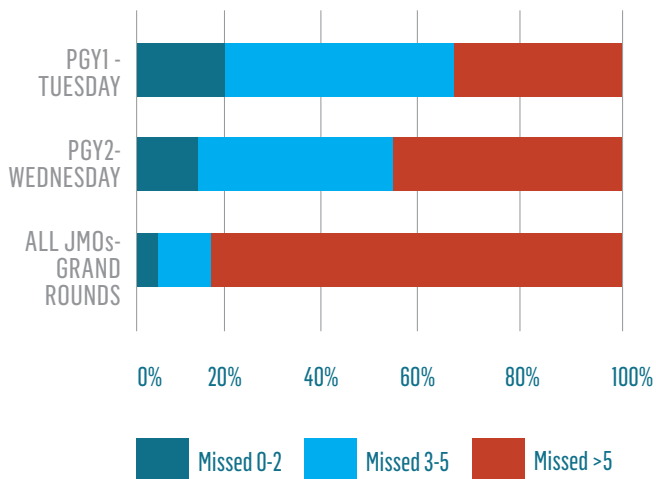
How do you prefer to receive communication about teaching? (Select all that apply)

A clear satisfaction was expressed for the existing pager system, with 54 (83%) of respondents indicating that they prefer the paging alerts to remind them of teaching. 44% and 42% indicated that they would find a text or email based alert system useful.

Based on these findings we would suggest continuing to use the current pager alert system and explore the possibility of an opt-in weekly email or text message list with information about teaching.

QUESTION 9

Select the response that best describes your attendance at the following teaching sessions during ward-based terms.

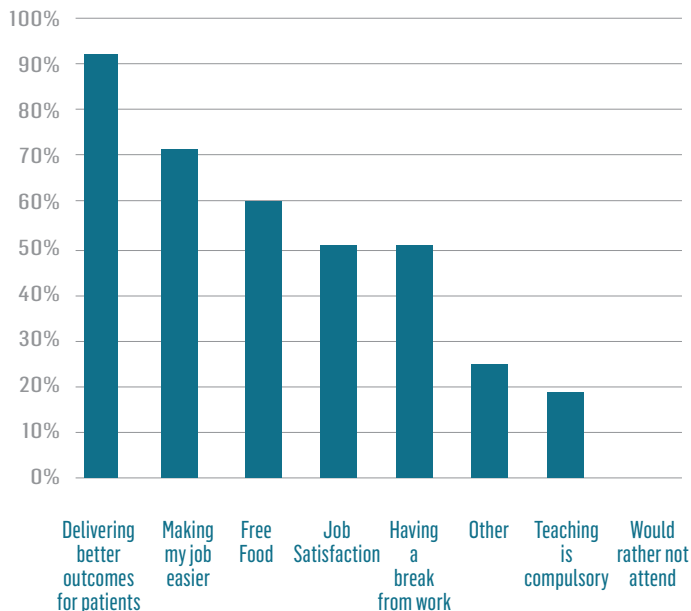


One of the main motivators for this survey was the apparent poor attendance noted by both presenters and JMOs themselves. Results show that more than 80% of PGY1s and PGY2s are missing 3 or more teaching sessions per term and more than 50% of PGY1s are missing more than 5 sessions per term. More than 80% of JMOs report not attending hospital Grand Rounds regularly.

These self-reported attendance rates confirm that the majority of JMOs are not receiving regular formalised teaching, in contrast to HETI recommendations. Possible reasons for this are explored in the following questions.

QUESTION 10:

Which of the following are important motivators for you to attend teaching? (Select all that apply)



Clear motivation to attend teaching exists among interns and residents. The most commonly reported motivator was a desire to deliver better patient outcomes (92%), as well as utilising teaching content to make respondents' jobs easier (71%). Free food and a break from work were identified as significant motivators, at 59% and 52% respectively. 52% of those surveyed felt that teaching was important for job satisfaction.

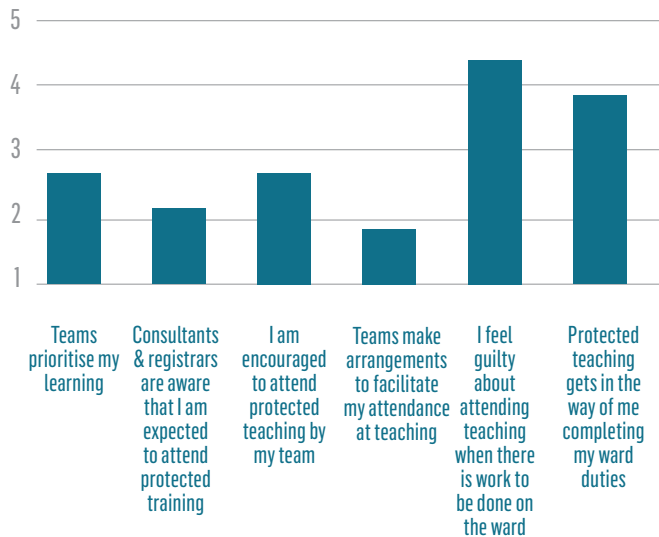
Only 18% of respondents identified 'teaching being compulsory' as a significant motivator in their attendance and no JMOs found zero motivators to attend teaching.

This is encouraging as it indicates that JMOs are willing and wanting to attend teaching. It follows that there must be barriers or competing interests preventing JMOs from attending teaching.

Y - axis indicates percentage of respondents selecting that item.

QUESTION 11

Select the response that best describes your overall experience with regards to teaching while on ward-based terms at POWH



1 = 'strongly disagree', 5 = 'strongly agree'.

There does not appear to be an overall hospital culture of encouraging JMOs to attend teaching. Regarding senior attitudes towards teaching:

- 60% of JMOs believe consultants and registrars are unaware that they have protected teaching.
- 50% of JMOs feel that they are not encouraged to attend teaching.
- Only 17% of JMOs agreed that teams make arrangements to facilitate attendance at teaching.

In addition, 65% of JMOs feel protected teaching gets in the way of ward duties and 90% feel guilty about attending teaching. These are evidently major barriers to JMOs attending teaching and can only be overcome via systematic improvements in awareness of, and attitudes towards JMO teaching throughout the hospital.

QUESTION 12

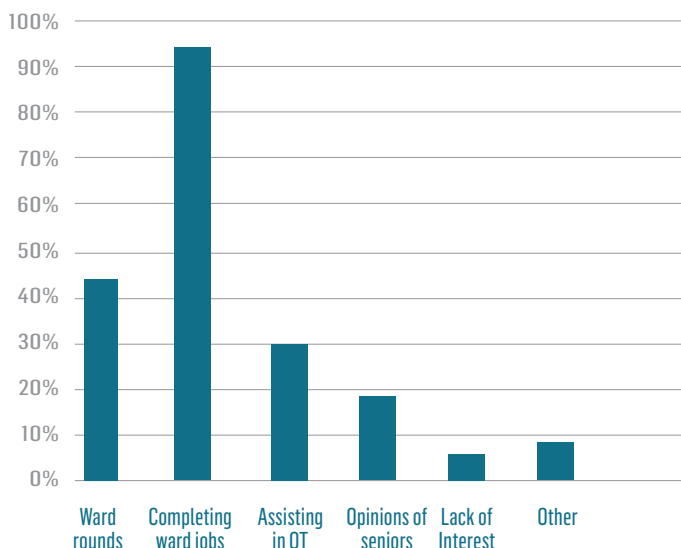
During which rotations have you found it particularly difficult to attend protected teaching?

This item was a free-text response, with the most frequently identified terms as follows:

1. Surgical terms (in general)
2. Relief
3. Cardiology
4. Orthopaedics
5. Respiratory

QUESTION 13

If applicable, what are the major barriers to attending teaching for you? (Select all that apply)



Y-axis indicates percentage of respondents selecting that item.

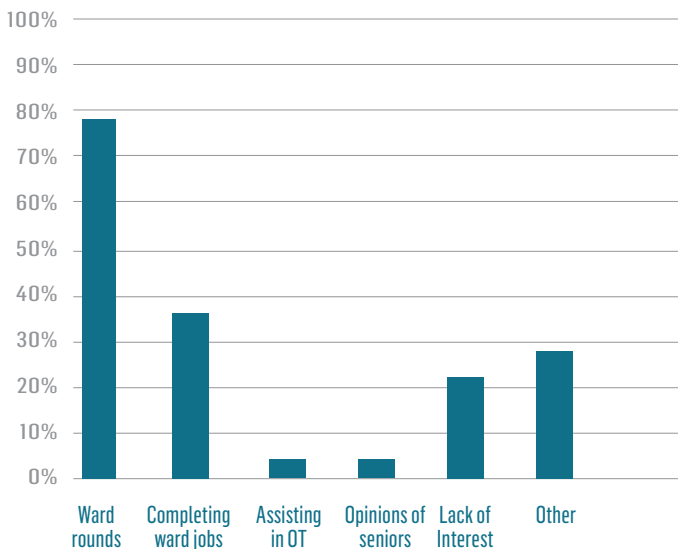
Clear barriers were identified preventing JMOs from attending protected teaching. The most commonly identified barrier was the completion of ward jobs (94%). Ward rounds were further identified as a barrier by 45%, while 30% were required to assist in theatre on surgical terms.

19% of respondents felt that the attitudes of seniors constituted a major barrier. 'Other' responses almost universally identified the requirement to have consults completed by a variable 'cut-off time' during the day.

The least common barrier was a lack of interest towards teaching (6%). It is interesting to note that 6% selected this item, given that earlier questions in the survey indicated that no lack of interest existed. It is possible that question phrasing influenced responses

QUESTION 14

If applicable, what are the major barriers to attending Grand Rounds for you? (Select all that apply)



Y - axis indicates percentage of respondents selecting that item.

Ward rounds are the major barrier to attending Grand Rounds for JMOs (77%). 37% found they were already busy with ward jobs at that time of day.

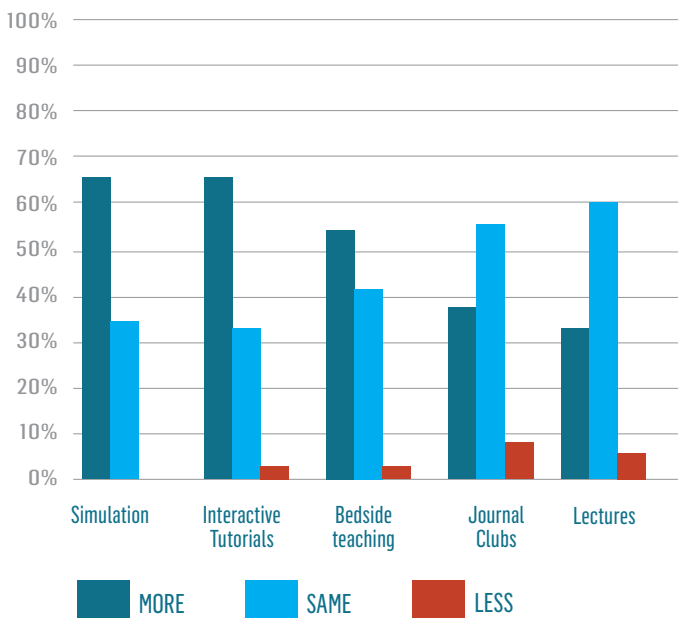
Only small numbers felt that the opinions of seniors (5%) or assisting in theatre (5%) prevented them from attending Grand Rounds. This suggests that the majority of teams – medical and surgical – round during the period 8am to 9am on a Wednesday and hence JMOs who wish to attend are unable. To remove this barrier one of several paths would need to be explored:

1. JMOs be excused from rounds and encouraged to attend Grand Rounds.
2. Improved whole-team attendance at Grand Rounds.
3. A change in the timing of Grand Rounds such that it does not clash with ward rounds.

It is notable that 21% of those surveyed did not attend Grand Rounds due to a stated lack of interest, with these JMOs unlikely to attend regardless without a change in content.

QUESTION 15

Would you like more, the same, of less of the following teaching modalities?



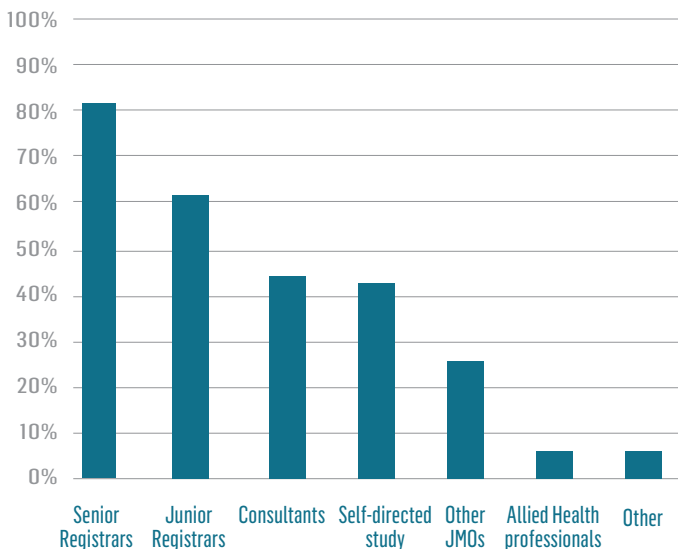
Y - axis indicates percentage of respondents selecting that item.

There is a clear desire to have more teaching in the form of interactive tutorials, simulation sessions and bedside teaching, with over 55% of respondents indicating that they want more of each of these modalities. This is encouraging, as throughout this year many of these teaching methods have been explored, particularly in the form of clinical skills sessions lead by consultants and advanced trainees.

Respondents were generally happy with the current amount of lecture, peer-based and journal club learning opportunities.

QUESTION 16

From whom do you learn the most currently? (Select all that apply)

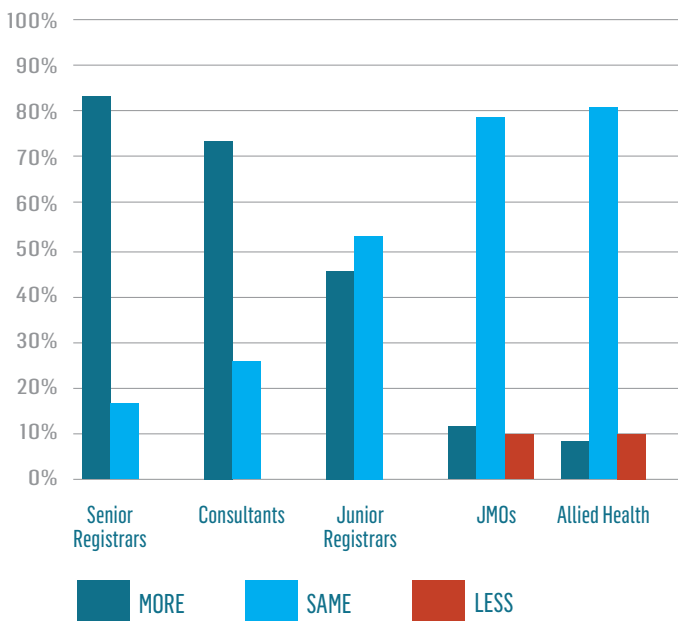


Senior and junior registrars appear to be contributing the most to JMO teaching. Surprisingly only 45% of JMOs indicated that consultants play a major role in their learning – less than senior and junior registrars.

Y - axis indicates percentage of respondents selecting that item.

QUESTION 17

Would you like more, the same or less teaching from the following:



In a corollary from question 16, 75% of JMOs would like more teaching from consultants. JMOs clearly value teaching from senior registrars with over 80% requesting additional teaching. JMOs did not express a desire for more teaching from allied health professionals or from their peers.

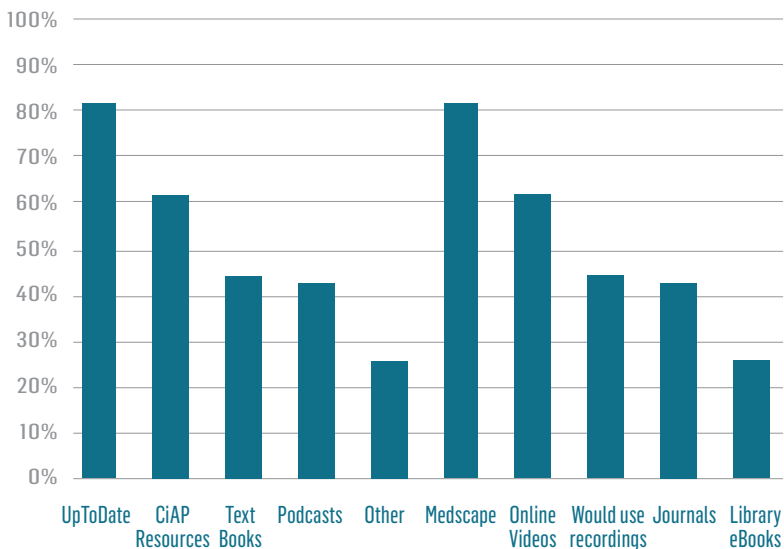
Protected teaching is already led primarily by consultants and senior registrars. These responses may reflect a desire for consultants and senior registrars to undertake more informal teaching in the course of usual work duties – for example during ward rounds, clinics, in operating theatres.

These responses also highlight the importance to JMOs of having senior medical staff who are willing and able teachers.

Y - axis indicates percentage of respondents selecting that item.

QUESTION 18

Which of the following resources do you use for your learning?



Y - axis indicates percentage of respondents selecting that item.

It is encouraging to see that close to 90% of JMOs utilise the online resources available via the hospital intranet to guide their learning. Textbooks were the third most popular resource, ahead of podcasts and online videos. Only 16% of JMOs use journals as an educational resource, which is a potential concern if other information fails to remain up to date.

Only 17% of JMOs indicated that they would use recordings of protected teaching if made available. In the authors' opinions, this does not justify the resources and logistical efforts to provide this.

This question also gathered free-text answers detailing the specific online resources and journals that JMOs find useful

Specific Resources Used by JMOs

Podcasts/Blogs/Videos	Journals	Other
OnTheWards	BMJ	Traumapedia
Life in the Fast Lane	Cochrane	
Emergency Medicine Cases	MJA	
Intensive Care Network	NEJM	
EMCrit		
Instant Anatomy		
Louisville Lectures		
ECG Teacher		
Lightbox Radiology		

QUESTION 19:

What topics have you found most useful at teaching?

Some of the areas of teaching that JMOs have identified as being particularly useful include the Clinical Examination Project sessions, procedural skills teaching (especially ultrasound guided cannulation), after-hours and critical care scenarios; and autonomic dysreflexia teaching with Dr Lee. Other popular teaching topics included the regular ECG teaching on Thursdays and insulin prescribing sessions. A full list of responses is included in the appendix

QUESTION 21

Name three or more topics that you would like to see added to protected teaching. Include professional development topics that you are interested in.

There is a strongly expressed demand for more teaching related to after-hours clinical review and deteriorating patient scenarios particularly for postoperative patients, clinical skills teaching and simulation sessions.

It is of note that many topics requested are considered integral and everyday responsibilities for JMOs (e.g. insulin prescription, investigation interpretation or electrolyte management). This elucidates the varying levels of confidence amongst JMOs in dealing with basic clinical scenarios. Structured teaching presents an opportunity for basic skills to be reinforced and JMOs are receptive to this kind of teaching.

With regards to professional development teaching, JMOs highlighted interview technique, career guidance, and advice regarding involvement in research and quality improvement projects as areas of interest.

Responses	41
1	Endocrine
2	Clinical examination project
3	Procedural, afterhours scenarios, emergency cases
4	Most topics I have been able to attend have been really useful. Unfortunately I haven't had any Ward based terms this year and thus haven't been to any teaching recently
5	Emergency procedural skill
6	Delirium, pain management, us guided access
7	After hours, Autonomic dysreflexia
8	Master classes as part of the clinical examination project organised by Dr Bosco
9	ECG
10	I've found the simulation sessions very useful
11	Trauma scenarios, after hours scenarios, simulations
12	Cannulation under US
13	Gastro-intestinal bleeding - Amit Kapur Insulin prescribing Clinical Skills teaching with Dr Bosco, Dr Hamor Autonomic Dysreflexia - Bonne Lee
14	Management of acute after hours issues, insulin management from endocrine, Thursday lunch time ECG tutorials
15	Procedural skills. After hours topics e.g. delirious patient. ALS revision.
16	Simulations, Block teaching
17	Practical skills, common clinical issues. Too much teaching related to obscure/niche topics irrelevant to a junior doctor.
18	Insulin teaching, Ultrasound cannulae
19	Theoretical background to ward based management issues to refresh knowledge from medical school, as well as clinical examination sessions
20	Diabetes teaching, Urology teaching
21	Basic principals in key areas e.g. cardiology. There is non/very little surgical teaching. I know there is evening surgery teaching for those interested but no one wants to stay late. There should be more surgical/orthopaedic teaching at JMO/RMO teaching because ALL of us deal with these patients if we want to do this for a career or not.

21 (cont'd)	Very few people are inspired to do surgical careers because they are not exposed to it in teaching. It should not be assumed that everyone at POWH wants to be a BPT because it is such a good BPT training hospital. There is not good engagement/interaction between physicians/surgeons at our hospital and this is a shame. Less us vs. them, more working together
22	Clinical skills teaching Management of after-hours scenarios
23	ICU
24	after hours scenarios, insulin and diabetes management,
25	Guardianship and use of mental health act - Really useful and has come up so many times, have needed to know a lot as a junior. Other topics are the ones that come up a lot as a JMO in ED or on afterhours
26	Simulation skills
27	Clinical examination skills
28	Catheter insertion ECG teaching
29	Approach to bleeding - Dr Shannon Thomas Vish Navani - fluids after hours
30	After hours, Writing your resume, teaching the students, autonomic dysreflexia
31	insulin charting
32	ICU/after hours
33	Insulin management
34	Surgical
35	U/s cannulation
36	Infectious diseases
37	Management of most common PACE calls including BSL/insulin
38	Trauma/ED simulation with Dr Way, diabetic management with Dr Tran Nam, all of the clinical examination project sessions, ECG teaching with Dr Ben Ng
39	Clinical skills, paediatric resuscitation,
40	Emergency Medicine lectures by Dr Way, cardiology teaching by Ben Ng
41	BSL Management

QUESTION 20

Name three or more topics that you would like to see added to protected teaching. Include professional development topics that you are interested in.

Responses	40
1	Common clinical reviews for particular specialties, eg. cardiology, cardiothoracics and neurosurgery (we cover those wards on after hours).
2	Management of BSLs (ie case examples of different pts with different insulin regimes and an approach to management of BSLs on after hours). Stroke management (especially for people who have not done an ED term- explanation of the stroke call and what needs to be done immediately if stroke is suspected). Oliguria in post op pts.
3	ECG tutes, ward based case scenarios
4	focussed ECG and other investigation interpretation, more sim sessions for management of code blues, interview practice sessions
5	PD - how to learn from mistakes PD - interview practice/approach
6	Management of AF with RVR, Low urine output More topics on surgical patients
7	More masterclasses, Ultrasound workshops, Approach to Imaging
8	ECG, radiology, bedside teaching
9	Insulin and diabetic management
10	Simulations/ scenarios in medical emergencies especially if taught by an ED or ICU Registrar/ Consultant
11	Common ward calls in each specialty
12	Managing electrolytes (perhaps from a renal specialist) More insulin prescribing sessions with prepared examples Rationalising blood test ordering Bowel management - differences between agents and when to use Palliative care - managing symptoms (pain, nausea, itch etc) Afterhours scenarios - chest pain, post-surgical patient More simulation sessions with nurses and maybe BPTs as well Antibiotic prescribing - emphasising guidance/ guidelines and rationalising antibiotic regimes
13	Chest drain insertion and management (incl. flushing) Management of PICC lines on after hours (e.g. blocked)
14	More management of common after hours clinical issues, More psychiatry.
15	Running research projects, Applying for jobs Managing renal patients after hours, Pain management
16	I would love if there was more simulation teaching
17	O&G, Practical skills sessions, Career guidance (multidisciplinary - there is a lot for physician based specialties but not much else)

18	Electrolyte imbalance management Procedural teaching - ultrasound guided procedures, Radiology teaching
19	Orthopaedics, delivering bad news, how not to take work home with you or debrief after a bad day, how to communicate with and manage difficult interactions with nurses or on the phone, how to make a good phone consult for any specialty.
20	Management of deteriorating patients at registrar level, Cardiology teaching: arrhythmias, ACS Advanced life saving concepts
21	Geriatrics (gen med), Surgical (general) and radiography
22	In terms of professional development, more info/advice re - QI projects available, approach to projects etc
23	Urology, ophthalmology, clinical examination
24	community health topics, more understanding of the systems we work in, mental health topics, Would be nice to have some general feedback from time to time (as a cohort, not individuals) to improve overall JMO/ RMO performance and manage expectations
25	Professional Development including interview technique, Practical skills e.g. difficult catheterisation, US guided cannulation, joint aspirate
26	Clinical examination skills
27	Chest X Rays, Blood gas interpretation Febrile neutropenia and common problems in oncology patients
28	Professional development in general.
29	Pulmonary physiology - CPAP and bipap More surgical topics, Pathways into critical care Pain pharmacology, Gastro teaching - cirrhotic patients, approach to cholangitis, etc
30	Sim centre practice, Practical skills
31	Anything to do with neurology
32	Investigation interpretation: CXR, ABGs, CTs, Simulation sessions
33	Surgical, ethics, research
34	More case scenarios for common issues faced by RMOs on the ward. Blood sugars, blood pressure (high and low), fluid balance.
35	Oxygenation and ventilation, Management of surgical issues, Case studies to learn
36	Topics relevant to most common JMO/RMO after hours reviews and basic skills
37	Management of chest drains on the wards, more procedural based ones e.g. ascitic taps, chest drain insertion, lumbar puncture, stroke
38	ALS , Infectious diseases, Haematology
39	Management of common general surgery issues; management of electrolyte disorders on the wards, tracheostomy management on the wards
40	Analgesia, Simulation sessions on code blues, Seizures

CONTRIBUTORS:

Thank you to all those who contributed to this education report.

The information contained within has been compiled from various members of Training Programs and Departments, including Heads of Departments, Directors of Training, Junior Medical Officers, Advanced Trainees, Nursing Educators, Allied Health Educators, POWH 2014/2015/2016 Departmental Plans and individual contributors.



THE PRINCE OF WALES HOSPITAL
**EDUCATION
REPORT 2016**
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