

THE AUSTRALIAN SOCIETY OF ANAESTHETISTS

WA Trainee Manual



Australian Society of
Anaesthetists®



Editor: Dr Fionn O Laoire

DISCLAIMER

All content represents the views of the author/s only. The Australian Society of Anaesthetists is not liable for the accuracy or completeness of the information in this document. The information in this document cannot replace professional advice.

2022 Second Edition

Cover photo courtesy Fiona Stanley Hospital faculty
(anaesthetic consultants and some senior registrars)



What follows on these pages is a collection of information, advice, and maybe even wisdom collated by anaesthesia trainees in WA. This is designed as a non-exhaustive repository of information that covers most anaesthesia training posts in WA. Hopefully the information here will help those rotating to new hospitals, considering training in WA, or those moving here from abroad who have already completed training and are embarking on the SIMG pathway.

The information here reflects the views of trainees who have come before you and does not represent the views of ANZCA, the ASA or the Anaesthesia departments around WA. We will endeavor to keep information current, but with time accuracy may lapse.

I would like to thank Dr. James Anderson et al. who wrote the inaugural version of this document, originally published in 2016, and to Dr. Chloe Heath et al. for updating in 2020. We hope that by having this information accessible on the ASA website it will be more easily accessible and will continue to evolve over time to meet trainee's needs.

This updated version has come together with the generous help of many, including:

Dr. Jay Bruce

Dr. Prani Shrivastava

Dr. Declan Scott

Dr. Katie Smith

Dr. Ariane Tionke

Dr. Meredith Cully

Dr. Emily Scott

Dr. Louise Dawson

Dr. Jingjing Luo

Dr. Claudia Von Peltz

Dr. Jules Isbill

Dr. David Brooke

Dr. Mike Connelly

Dr. Alex Carle

Dr. Erica Remedios

Thanks to the ASA for their help formatting this and hosting on their website. Don't forget to join the ASA - you can sign up [here](#).

The WA Trainee Committee will update these pages annually. Please reach out to your trainee committee if you have any suggestions or feedback, or if you would like to get involved in editing a page - anzca.watc@gmail.com

Dr. Fionn Ó Laoire

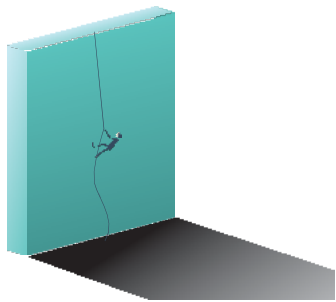
Editor and WA Trainee Committee Co-Chair.



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Training Information

The following section will provide some information about the overall structure to training in WA, and the support network that exists to help you through training. ANZCA training has many caveats and requirements. If considering training with ANZCA, or if you have already begun training with ANZCA, I highly recommend making yourself very familiar with the ANZCA training regulations. These can all be found on the [ANZCA website](#) and in the [ANZCA Handbook for Training](#).

ANZCA & THE WA RATP

There are 4 stages to ANZCA training.

- 1) Introductory Training (IT) - 6 months minimum
- 2) Basic Training (BT) - 18 months minimum
- 3) Advanced Training (AT) - 24 months minimum
- 4) Provisional Fellowship (PF) - 12 months minimum

You have 2 'road-block' exams you must complete:

- 1) Primary examination - to be completed during BT
- 2) Fellowship examination - to be completed during AT

There are also 11 Specialised Study Units (SSUs) and multiple workplace-based assessments (WBAs) and volume of practice (VOP) requirements in order to progress through training.

As a trainee, your Supervisor of Training (SOT) point of contact for navigating ANZCA training. Each department accredited for training has at least one SOT. How you are assigned an SOT varies between departments.

Training is most easily completed by getting a place on [the WA RATP \(Rotational Anaesthetic Training Programme\)](#). Training outside of the rotation ('Independent Training') is possible although wrought with difficulty. If considering this option, then please consider contacting your local SOT and the EO Team to discuss.



The EO (Education Officer) Team

The EO team consists of:

Dr Jay Bruce (WA Education Officer, EO),

Dr Annie Carlton (WA Deputy Education Officer, DEO – Introductory and Basic Trainees)

Dr. Alan Ch'ng (WA Deputy Education Officer, DEO – Advanced Trainees and Provisional Fellows)

Dr Anna Hayward (WA Rotational Officer, RO)

The Education Officers (EOs) are here to:

1. Assist with any queries regarding your training that can't be answered by your Supervisors of Training (SOT).
2. Liaise with ANZCA when required.
3. Support you in your training, your SOTs and the anaesthetic departments in their training roles.

The Rotational Officer (RO) will be liaising with you and the anaesthetic departments that are part of the WA RATP, regarding your placements throughout your training.

WA RATP and ANZCA training orientation

If you have entered ANZCA training through the WA RATP you will be contacted by the ANZCA Office in WA to invite you to the 'Welcome to the WA RATP' evening in December. This is an opportunity to meet your new colleagues and some of the ANZCA staff and EO team.

A separate, mandatory 'part zero' course will occur on the first Friday of the new HEY. Please monitor your emails for details of same and organise leave to attend as ASAP.

If you have signed up to training independent to the WA RATP then contact your SOT to organise orientation. If possible, you will be welcome to join the part zero course, although this may not always occur. The WA Trainee Committee holds an annual 'Primary Pit Stop' evening (first held on 21st July, 2022) as another 'welcome' event aimed at introducing all trainees to one another, and specifically to help you get your head around tackling the primary exam. Please contact us (anzca.watc@gmail.com) for more information about the Primary Pit Stop evening.



WA RATP structure

The WA RATP rotation involves the following WA teaching hospitals:

- Armadale Hospital
- Bunbury Regional Hospital
- Fiona Stanley Hospital and Fremantle Hospital Group (FSHFHG)
- Joondalup Health Campus (JHC)
- King Edward Memorial Hospital (KEMH)
- Osborne Park Hospital
- Perth Children's Hospital (PCH)
- Rockingham General Hospital
- Royal Perth Hospital (RPH)
- Saint John of God Midland Hospital (SJOG Midland)
- Sir Charles Gairdner Hospital (SCGH)

Term allocation system and principles:

- Many trainees will have at least one term in their IT or BT period at one of the outer metropolitan hospitals or Bunbury Hospital.

Please note that this is a general plan, however due to our selection process and vacancies arising, some trainees will be expected to fulfil time at outer metropolitan and regional hospital as their training progresses.

- Rotations to KEMH, PCH, FSH, and SCGH and rotations that enable Neurosurgical and Cardiothoracic, paediatric and Obstetric modules to be completed, will usually be allocated during advanced training, the order in which these terms are allocated depends on the timing of each trainee passing the part one exam.
- Rotations to other training hospitals will take into account each trainee's progress in training, SSU needs and individual preferences where possible.
- Even if you have previous ICU experience with RPL (Recognition of Prior Learning) you may be allocated to an ICU term as part of your training rotations.



- We aim to have all trainees commencing on the rotation in IT to have rotations that will allow completion of SSUs in the 4 years of IT, BT and AT time (working full time). Every effort is made to get each rotational trainee through their SSU's before the completion of their AT time however it cannot be guaranteed for those trainees who join the rotation later in training or do not complete all of their training time on the WA RATP.
- To meet the training requirements of all WA RATP trainees it is unlikely that every trainee, every year, will get their first preference hospital. The allocations each year are a complex web of training requirements for individuals, extenuating personal circumstances, exam requirements and individual hospital's employment needs.
- The RO does try to accommodate everyone's preferences, but the rotation is not just about an individual. Any of you may find yourself in difficult personal or work circumstances and will be grateful for your colleagues who will help facilitate leave or a placement which is helpful to you; it's all about give and take.
- If you have extenuating circumstances for specific placements let both the RO and either the EO or DEO know as soon as you become aware of these so we can factor them into plans for each HEY both for training and hospital workforce requirements. Similarly, if you plan an extended period of leave from training please notify us ASAP.

Extended leave can be given for parental leave, completing other fellowships, and for illness or on compassionate grounds, it is usually not a problem but needs to be factored into the rotation plans and needs to be approved by local departments.

- While WA RATP endeavours to ensure you get exposure to all the necessary areas without significant delays it does not guarantee that you will complete your training in the shortest time.

The ANZCA curriculum and training program only specifies minimum requirements to reach the lowest acceptable standard. These should therefore not be considered targets, but boundaries that you should not fall below. Time is also lower limit of what is acceptable for completion of each core and you should not necessarily plan to be able to progress at each stage in the minimum allowable time frame.



Process for renewal of contracts each HEY

- Current trainees on the WA RATP do not need to reapply via the MedjobsWA website.
- Instead in mid-May each year, you will be sent an email from Medical Workforce at SCGH offering you a contract extension for the following year's employment.
- You will need to accept this offer by the due date to be offered a place on the rotational training program for the following year.
- We will also request you specify at this time if you think you will be requiring a 6 or 12-month contract for the following year. This includes trainees those ATs whose training requirements will be completed part way through a term, the minimum contract duration is 6 months.
- In early October each year, a formal contract offer will be sent to you by Medical Workforce at SCGH.
- The RO will email you requesting information regarding your term preferences, progress in training and SSU requirements for the following year.
- Usually around mid-November each year, the RO will send you your hospital allocations for the following year.

Please also remember that neither the WA RATP nor ANZCA are your employer – your employer is your local hospital with the HR Department at SCGH providing support with contracts. As such all requests for part time employment are at the discretion of the HOD at each Hospital

Eligibility for ongoing employment on the WA RATP

You must be proceeding in your training satisfactorily from both a trainee and employee point of view.

- A trainee undertaking ITE in the first 6 months of a HEY will be issued with 2 six-month contracts, the second six-month contract being conditional on progression to BT.
- Trainees who are due to complete the 2.5 year supported period for IT/BT within the first 6 months of the HEY will be issued with 2 six-month contracts, the second six-month contract being conditional on progression to AT



IT Extended and BT Extended training:

- The WA RATP will support trainees with employment, training and exam preparation for a period of up to 2.5 years of ANZCA training time* in any combination of IT, ITE, BT and BTE positions, if the trainee meets the ongoing ANZCA training requirements.
- The appointment for 6 months of BT-E will only be given if the trainee has made appropriate commitment to the first part exam and attempted sitting at least once during his/her BT time.
- For trainees who will be in BT-E in the following year please organise a meeting with the Deputy EO, Dr, Annie Carlton, after the second sitting of the primary exam has finished, to discuss any implications on your training and contract.

AT Extended training and the PFY:

- The WA RATP will coordinate your training to the end of advanced training. A position on the WA RATP in ATE will only be supported if the RATP has not been able to allocate placement requirements for SSU completion. We do not coordinate ATE positions for those who have not yet been successful in passing the final exam, trainees in this situation will need to apply directly to the anaesthetic department they wish to work in.
- The WA RATP does not place trainees in Provisional Fellowship positions - trainees must apply for PF positions themselves to the hospitals which they are interested in working at.

Note: If a trainee becomes an independent trainee in BTE or ATE and is no longer a part of the WA RATP, we will continue to support the trainee with training and college issues and exam preparation.

Leave:

- Extended leave from the WA RATP: Please notify the Deputy EO, Dr. Annie Carlton or Dr. Alan Ch'ng of your intentions as far in advance as possible, to allow planning of allocations both for yourself and other trainees.
- For anyone wishing to take time off from the WA RATP there are three different processes depending on the reason for leave. Details are available on the WA ANZCA website.



- ANZCA has rules and regulations about the amount of time you can take as leave during training as well as maximum extended training time you may be in over and above the times listed above. This is particularly strict in the first six-months of training as an Introductory Trainee. I recommend you get familiar with the Handbook for Training and ANZCA Regulation 37. Your SOT will also be able to advise you on the logistics of training.
- If you have been out of anaesthetics for more than 6 months as an IT or BT and more than 12 months as an AT or PFY ANZCA requires that you complete a formal return to work process. This needs to be worked out with the SOT of the hospital you are starting back in.

I got a place on the WA RATP - What now?

It is IMPERATIVE that you are registered as a trainee with ANZCA well before you start work in February.

This will enable you to have access the trainee portfolio system (TPS) which will become your record of training. Any delay in registering or payment of fees to ANZCA will mean you will not be able to record time spent in training and thus have knock-on effects in terms of progression and completion dates.

Please see the ANZCA website for further details. Please note that the ANZCA office closes over the Christmas/New Year period and applications made in late December/January may have delays in being processed.

You are unable to register with ANZCA until you have your hospital allocations for next year, which will be in mid-November at the earliest. Therefore, we normally encourage trainees to sign up shortly after the 'Welcome to the WA RATP' evening in early December.

From here you will be contacted by the SCGH HR department at your allocated hospital with further details of your employment conditions as per the WA DOH Medical Practitioners Industrial Agreement. If there are problems with any aspect of your employment conditions in the first instance, please contact your future Anaesthetic Department + local HR department.

If you have gotten a place on the WA RATP but won't commence training as an IT (i.e. you have begun training time already) then please contact the EO and RO to inform them about your situation.



While we do try to arrange placements in concordance with your level of training, the WA RATP rotation is designed with placements over 4 years, with all new trainees considered to be at IT level initially. It is possible that trainees who begin WA RATP as BT2 or above may have a slight extension in their training time beyond the minimum 4 years for completion of SSUs prior to the commencement of their PFyear.

Feel free to contact us to discuss any aspect of ANZCA training. We look forward to working with you and facilitating your progression through training towards Fellowship of ANZCA.



You've done really well in a highly competitive selection, congratulations.

Kind regards,

Dr Jay Bruce

Consultant Anaesthetist
Fiona Stanley Hospital and
Fremantle Hospital Group
WA Education Officer

Dr. Alan Ch'ng

Consultant Anaesthetist
Fiona Stanley Hospital
WA Deputy Education Officer

Dr Annie Carlton

Consultant Anaesthetist
Fiona Stanley Hospital
WA Deputy Education Officer

Dr. Anna Hayward

Consultant Anaesthetist
WA Rotational Officer



Where to get help



Psychological distress is high in doctors and anaesthesia trainees are no different. Personal, professional and academic challenges test us throughout our lives. If you are feeling down and you're looking for support, check out some of these resources below.

You might also like to complete the K10 psychological distress scale on the beyond blue website here

www.beyondblue.org.au/the-facts/anxiety-and-depression-checklist-k10
to see how you are faring.



Colleagues, Supervisors of Training and Wellbeing advocates

Every anaesthesia department has at least one Wellbeing Advocate and they are a useful resource for advice and support including counsellors and doctors for doctors.

Doctor's Health Advisory Service – WA

(08) 9321 3098 – 24 hours/day, 7 days/week

For doctors in crisis, or not sure where to go for help with personal or health problems. This totally confidential 24 hour health service is available to all doctors and medical students. It can be contacted by the person themselves, or by a concerned family member, friend, colleague or staff member. Callers do not need to identify themselves and a doctor will call back within 4 hours. It consists of a panel of experienced male and female GPs, with advice from a psychiatrist available and is independent, reporting back to no medical organisation. Calls are exempt from the mandatory reporting requirements of the Medical Board of Australia.



Problems dealt with include stress, depression, suicidal thought, substance abuse, grief or concerns about illness. Sometimes the contact can be about impaired performance in a colleague. The panel GPs usually discuss the options available to callers when they are faced with a dilemma, or advise the caller on the most appropriate referral services.

Wellbeing Special interest group (ANZCA/ASA/NZSA)

Some useful resources and reading material found on this website: <https://libguides.anzca.edu.au/wellbeing/>

Employee Assistance Program – 1800 337 068 / 1300 361 008

This program provided for WA Health employees is a professional and confidential counselling service. Available 24 hours a day. You can receive 6 sessions for any issue. The employer (WA Health) does not find out who accesses the service.

Australian Medical Association (WA)

Is a good resource especially for industrial issues. Phone: 9273 3000.

Medical Defence Organisation

Every registrar should be a member of their own MDO who can advocate for your interests in the case of legal proceedings, a medical board or hospital inquiry. MDOs provide other services as well.

Dr. Prani Shrivastava



Lifeline Australia Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention **Tel: 13 11 14 www.lifeline.org.au**

Domestic violence, the National Sexual Assault, Family and Domestic Violence Counselling Line for confidential phone help and referral
1800 RESPECT (1800 737 732) OR 1800 LGBTIQ (1800 542 847)

Beyondblue Information and support for anxiety, depression and suicide prevention for everyone in Australia.
www.beyondblue.org.au/about-us/who-we-are-and-what-we-do

hand-n-hand Free, confidential peer support for health professionals in Australia and New Zealand. **www.handnhand.org.au**

Blackdog institute Researching the early detection, prevention and treatment of common mental health disorders
www.blackdoginstitute.org.au

MensLine Australia Helping men to improve relationships, parenting, friendships. **Tel 1300 78 99 78 www.mensline.org.au**

Suicide Call Back Service Free counselling for suicide prevention & mental health via telephone, online & video for anyone affected by suicidal thoughts, 24/7. **T: 1300 659 467 www.suicidecallbackservice.org.au**

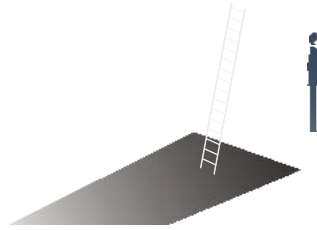
Open Arms – Veterans & Families Counselling
T: 1800 011 046 www.openarms.gov.au

Qlife – Anonymous and free LGBTI peer support
T: 1800 184 527 – (3pm-Midnight every day) **[www.qlife.org.au](http://www qlife.org.au)**

13Yarn A free and confidential service run by Aboriginal and Torres Strait Islander People **T: 13 92 76**



Primary Exam



The part one exam is a necessary evil. Describing it as a thousand hour exam is cliché but a good guide for the commitment required. A difficult but doable exam and we can take confidence in the above average WA pass rate.

Primary Teaching

Primary teaching is protected time and you should attend. It is run by SCGH but there is growth in the academic programs at the other major hospitals. The tutorials are often run by current or previous examiners and are an excellent opportunity to discuss key concepts and find direction through the curriculum. The topics are normally different to your individual study timetable so you should strategise a way to cover your own topics as well as making the most of the tutorials. For example following your timetable through the week and then studying for the tutorial the night or morning before.

Timetable

The curriculum is infinite so use a study timetable and stick to it. Resources like MAK95 are invaluable for this. You should aim to cover the curriculum multiple times and with each circulation you will gain greater understanding, recall and ability to differentiate important from unimportant facts. If you allow yourself extra time on a topic at the expense of another you will struggle to get through the curriculum in time.

Plan Your Attack

Starting a new topic can be daunting so develop an approach.

Read through the previous SAQs to identify what the college deems important (and therefore examinable). Use a basic, broad resource like study notes as an



introductory text (I found “Good Guys” useful for this). Then hone in on the high yield topics that you must understand in depth.

For example using Melbourne short course notes on renal physiology (available on ANZCA website) for an introduction and then Vanders for more depth on high yield topics concepts like renal potassium handling.

Study Groups

These are an excellent way to maintain momentum and morale. Teaching and learning from each other is a great way to consolidate concepts. They are also essential for viva practice and mock exam SAQ marking.

Practice Questions

Basing study around SAQs can be useful to ensure you are learning the most examinable concepts from the vast curriculum. You can expect 8-10 repeat SAQs in each exam so familiarity with old questions is helpful.

You should practice writing SAQs to time to practice legibility, structure and brevity.

You are training to pass the exam so focussing your study on this is a good idea.

ANKI

There are multiple ANKI decks available for the part one exam (Adrenaline Memories, Part One on LITFL). These are an excellent refresher tool especially for MCQ preparation.

Resources

The resources available are overwhelming and unfortunately there is often conflict between the texts. It can be disheartening finding different answers in multiple texts. In these scenarios do not lose momentum in minutiae. Choose one recommended text and find your “own truth” to commit to memory.

Online

The MAK95 study timetable, collection of past SAQs, examiner reports and



links to model answers is an essential tool. The other essential resource is previous medallist Dr Stan Tays Adrenaline Memories Patreon. He donates the membership fee to charities and provides weekly MCQ and SAQ practice. He picks difficult and poorly understood topics like respiratory mechanics and presents them in a digestible and SAQ focussed way.

Courses

There are multiple primary exam short courses which are a useful way to spend PDL.

The ANZCA website also has recordings of previous Melbourne short course lectures spanning the entire curriculum which are an excellent way to cover and refresh topics over a few hours.

Textbooks

There are countless texts available through the ANZCA library. To avoid inundation use Mark Reeves Primer for the Primary document (<https://ketaminenightmares.com/pex/other/recommended/primer.pdf>).

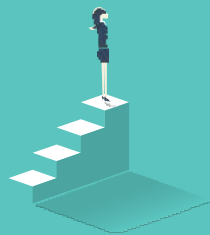
Pick one textbook that suits you for each topic. For example Hemmings and Egan Pharmacology for infusion kinetics and wash in curves.

Study Notes

Previous candidates notes can be a useful introduction to concepts. This is especially successful when using a recommended text is used as an adjunct.

Hang in there. It will be over soon!





Final Exam

The ANZCA Final (Fellowship/Part 2) examination

You've passed the primary, have moved on to advanced training and are ticking VOP/WBA boxes to progress through your TPS requirements. Unfortunately, there's one final major hurdle of the program that requires you to retreat to your desk and bury yourself in study once again - the fellowship exam. Fortunately, it is focused on clinical scenarios and perioperative patient care making it much more relatable to your day to day work than the PTSD inducing primary exam. The major difficulty is wading through the infinite supply of resources to find the ones that work for you. WA runs excellent long and short course programs that help guide your study and luckily consultants are much happier to give you practice vivas than they are with primary study. However, they are less inclined to let you skip OT to let you study. You're much more useful to them now that you're an advanced trainee.

Components: MCQ, SAQ, medical viva (2x 15min), anaesthetic viva (8x 15min)

Resources

Textbooks

- A Guide to Paediatric Anaesthesia (Craig Sims)

Compilations

- The Blue Book (Australasian Anaesthesia, published every 2 years, most recent 2021)
- Obstetrics: KEMH Hitchhikers Guide, FSH cheat sheet
- ANZCA professional documents
- NAP audits RPH Keep Calm and Carry On

Guidelines

- DAS extubation guidelines



- APLS, ALS/ALS2, EMST/ATLS, neonatal resuscitation
- ASRA/AAGBI anticoagulation

Websites

- BJA education articles
- ATOTW <https://resources.wfsahq.org/anaesthesia-tutorial-of-the-week/>
- 'The Bottom Line' - compendium of the landmark papers
<https://www.thebottomline.org.uk/>
- Ryan Juniper's 'Hypnopedia' <https://hypnopaedia.org/exams/>
- Orphan anaesthesia <https://www.orphananaesthesia.eu/en/>
- FRCA Anaesthesia UK <https://www.anaesthesiauk.com/default.aspx>

Prep

Long course - weekly tutorials organized by WAANZCA office running weekly for about 1 year prior to your elected exam sitting

- Run by various consultants – location, structure and timing dependent on the consultant giving the tutorial and varies week by week
- Register via ANZCA website, fee of \$120

Short course - week long session run by Dr Jakob Chakera and Dr Cat Goddard about 6 weeks prior to written exam (generally early Feb)

- part2courseanzcawa@gmail.com
- Lectures/tutorials divided up by SSU topic and finishes with practice MCQ, SAQ, medical and anaesthetic viva. Very good refresher course that is well organized.

Viva prep - organized by Dr Rebecca Kelly who sets up an excellent spreadsheet with a list of dates each hospital has said they're available to host viva practice.

- One-on-one viva sessions with consultants, 4 candidates per hospital
- Dates and times dependent on each hospital, run from April until May (2 weeks after written until 2 weeks prior to VIVA)
- Each candidate is allowed to sign up for 4 different sessions

Tips

- A lot of the content is stuff you've already come across throughout your training. Showing up to work and staying engaged with lists and



management plans is a good chunk of the study process.

- There are lots of resources going around on dropbox/onedrive with really good summaries and compilation of articles/references - no need to reinvent the wheel.
- A lot of previous exam questions have been taken from BJA education articles and recent Blue Book articles.
- Know your ANZCA professionalism documents!
- They repeat MCQ questions and publish the stems in exam reports. It is worthwhile going through recent stems and coming up with answers - or sourcing from colleagues who have done this already!
- SAQ/VIVA answers are all about structure! Have go-to structures for certain types of questions (eg perioperative management, anaesthetic implications). There are a fair few going around (eg pre op/intra op/post op, patient/pathology/procedure/perspective/professionalism) - they help to organise your thinking and serve as memory aids, practice to find out which ones work best for you.
- Practice VIVA spiels - know what you're going to say for each crisis/trauma/regional and practice, practice, practice. Most/all vivas are going to have a crisis to assess/treat (eg hypoxia, high airway pressures, hypotension) - get slick at them so you can whizz through those sections on the day.
- Pen and paper (+/- clipboard) help in your 2 minutes reading time with the stem - calculate drug doses, tube size/weights in paediatrics, highlight important parts of the stem (eg regional hospital)

Compiled by: Dr. Katie Smith





Armadale Hospital

Address: 3056 Albany Highway, Armadale WA 6112

Phone Numbers:(switch): 9391 2000

Beds: 290

Emergency Department

Wards – Acute Medical Unit, Medical, Surgical, Obstetric, Paediatric, Rehabilitation, Mental Health, Same Day Surgical unit

ICU – which can take ventilated patients

7 operating theatres (Approximately 10,000 procedures/year)

Anaesthetic Department

17 FTE FANZCA Specialists

2 GP Anaesthetists (Only in endoscopy, ANZCA Registrars are not allocated to them)

1 ANZCA Registrar

1 ED Registrar

5–6 Anaesthetic Service Registrars

Sometimes an ICU Registrar joins a theatre session for airway experience



Key Contacts

Supervisor of Training (SOT)

Dr Tamsyn Williams (Consultant Anaesthetist)

Email: Tamsyn.Williams@health.wa.gov.au

Head of Department (HoD)

Dr Tania Strickland (Consultant Anaesthetist)

Leave and Rosters

Dr Tamsyn Williams (details as above)

Maria Burns (Medical Employment Services)

Email: Maria.Burns@health.wa.gov.au

DA phone	0418949581 / Pager: 077
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Obstetric DA phone	0428822365
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MET Pager	As per DA pager: 077
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Overview

The anaesthetic department is small and friendly, and you soon get to know everybody in theatres.

There are four theatres in the main theatre complex, one emergency obstetric theatre, and two endoscopy theatres close to the Same Day Unit (SDU).

It is a great opportunity to study (if you are pre-primary exam) or to run your own lists (post-primary). The Department is very keen to know your objectives at the start of your rotation and make an effort in helping you achieve them throughout the term.

As of February 2022, registrars now take part in 24-hour service at Armadale with an on-call consultant available. There are both emergency and elective lists, including obstetrics. Generally, you will be allocated to a theatre list (mostly elective), however also may be allocated to Emergency Theatre, Acute Pain Service rounds and Labour Ward duties. The elective patients all come to the SDU where you can review them preoperatively. Cases are mostly low-acuity and lists are high turnover. Some surgeons would easily plan at least two joints and an arthroscopy in one session. The patient demographic is generally well, but morbid obesity, excess alcohol and illicit substance use is common.



There is always a Labour Ward DA allocated to the Labour Ward for epidurals and caesareans. At the start of the term you will have epidural teaching and supervision until signed-off as competent to perform epidurals independently. The Department are very supportive at all hours particularly with obstetric patients.

Roster

As mentioned above, as of February 2022 the registrars now take part in 24-hour service at Armadale with an on-call consultant available. After hours the registrars cover the labour ward, MET calls, APS rounds and occasional general surgical emergencies with the support of the on-call consultant.

How to access roster – Dr Williams will send you your roster well in advance of you starting your term. Theatre allocations for the following week are sent at the end of each week by Dr Williams via the app CLWRota.

How to request leave - Getting annual and/or study leave is usually not a problem. Email Dr Williams and complete the L1 leave form for approval.

WBAs

- DOPS: epidurals, spinals, CSEs, airways, regional techniques, occasional arterial lines and central lines.
- Mini-CEX: plenty of opportunity as you can make your own plans for most cases!
- CBD: obstetrics (GA caesareans), urology (TURP syndrome), management of the morbidly obese in laparoscopic surgery, and plenty of others depending on what you come across.

Scholar Role/Exam Preparation

- Exam preparation: you will have plenty of time for Primary Exam preparation at Armadale. Although your lists are busy, the department is very supportive of exam study.
- Scholar Role A: there are definitely audit opportunities in the department. Depending on your interests, you can speak to Dr Williams and email all the consultants to find out what is happening.



- The Department will allow you to attend short (half- or one-day courses) run by the hospital, e.g. neonatal resuscitation course, without needing study leave. Just get permission from Dr Williams and your consultant for the session.

Rotation Tips

- A great term to gain independence and exposure to a variable caseload, or study for the Part I exam.
- See your patients beforehand and have a plan in place before the consultant arrives – they are open to you running
- the list on your own once they get to know you.
- This doesn't take long in a small department!
- Get to know the surgeons and theatre nurses – it's a small theatre environment and everyone knows each other.
- Lunch options are not great – so either get used to AROMA café or bring your own!

SSUs and VOP

Cardiac – Elective list for transoesophageal echocardiograms and cardioversions once a fortnight

Gen Surg – Lots of minor procedures – hernia repairs, laparoscopic appendicectomies and cholecystectomies, a few emergency laparotomies. Good for urology (TURPs/TURBTs/cystoscopies)

H&N, ENT – Some adult and paediatric ENT: mainly tonsillectomy/adenoidectomy, septoplasty, turbinectomy and UPPP.

ICU – N/A

Neuro – N/A

Obs / Gynae – Lots of elective gynae: hysteroscopies. D&Cs, ablations, hysterectomies. Plenty of Obstetrics! You can often complete up to half of your Obstetric VOP requirement here. Labour epidurals, CSEs, caesareans.

Ophthalm – N/A



Ortho – N/A Lots of elective Orthopaedics: joint replacements, arthroscopies, shoulder surgery. You will get sick at spinals and there is a lot of opportunity for regional

Paediatrics – There is a general paediatrics list here once a month, usually staffed by PCH Anaesthetists. Usually 10- 15 circumcisions (or similar minor elective procedures) per day. It's a great introduction to high turnover paediatric anaesthesia.

Thoracics – N/A

Vascular – 1–2 Vascular lists per month, usually high turnover minor cases.

PAC / Pain Rounds – Some perioperative and/or pain medicine VOP done here – just ask Dr Williams to roster you with PAC or APS for a session. PAC is a little more difficult due to space in the clinic – usually one consultant is allocated there per day.





Bunbury Regional Hospital

Address:	Bussell Highway (cnr Robertson Drive), BunburyWA 6230
Phone Numbers:(switch):	99
Beds:	103
Duty Anaesthetist:	0417 258 505
Registrar on call phone:	N/A

Department contacts

Head of Department (HoD)

Iain Gilmore

Supervisors of Training (SOTs)

Dan O'Callaghan

SSU Supervisors

Leave:	For registrars, contact Dan. Forms go through medical workforce
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Rosters:	Dan O'Callaghan - 4 week cycling roster
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Allocations:	Dan O'Callaghan
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Anaesthetic Department

FTE of FANZCAs: approx 2.5

Number of doctors in training

RMO: nil

Rotational registrars: 1

Service: 1 (GPA doing 18months)

Fellows: nil

ICU/ED: 1

General Rotation Information

- Great roster, minimal afterhours and weekends. No nightshifts as this is a consultant on-call service
- Good exposure to a wide variety of specialities; General Surgery, Ortho/ Trauma, O&G, ENT, Urology, Endoscopy, Bronchoscopy. No Ophthalmology
- Taught and trained to do epidurals and participate in provision of this service
- Small consultant group, approx 13, 1-2 are GPA, most work also in private or in Busselton. Mainly male 11-2 currently (Rumours of another female starting in August!)

Any scholar opportunities

- Encouraged to present at journal club - held every second month
- Monthly M&M meetings
- CICO course/equivalent offered
- Hospital does run ALS1-2

Nearby amenities

- Close to south-west attractions; Margaret River, Dunsborough etc
- Nice beaches
- A lot of restaurants, pubs
- F45 x 2, other 24h gyms, and South West Sports Centre
- All usual supermarkets etc



Accommodation in Bunbury

- As the ANZCA trainee is seconded, accommodation is provided by WACHS. Often they aren't aware we are coming - good to contact Accommodation Officer approx a month beforehand. Jodi Kirk -
- Accommodation quality is variable - from apartments to share houses, however all are livable. Does include a cleaner once a fortnight and all accommodation is furnished.





Fiona Stanley Fremantle Hospital Group

Address:	Robin Warren Drive, Murdoch
Number of Beds:	783
Phone Numbers:(switch):	(08) 6152 2222
Duty Anaesthetist:	28721
Registrar oncall phone:	28802 (Junior registrar)
Theater Coordinator:	26424
Anaesthetic Dept (Secretary)	24204 Cheryal Tucker, Vanessa Phillip

Department contacts

Head of Department (HoD)

Dr David Raw and Dr Chris Cokis

Supervisors of Training (SOTs)

Dr Brendon Dunlop

Dr Annie Carlton

Dr Nirooshan Rooban

Dr Volker Mitteregger



SSU Supervisors

Cardiac and interventional cardiology:	Dr Jason Wells
General surgical, urological, gynecological & endoscopic	Dr Rupert Ledger Dr Joel Adams
ENT, dental and ECT	Dr James Anderson
Intensive care	Dr Oonagh Duff
Neurosurgery & neuroradiology	N/A
Obstetric anaesthesia	Dr Ian Maddox
Ophthalmic procedures	Dr Reena Hacking
Orthopedic surgeon	Dr Clinton Paine Dr Alan Ch'Ng Dr Sam Wong
Pediatric anaesthesia	Dr Jonah Desforges
Plastic, reconstructive and burns surgery	Dr Andreas Manopas
Thoracic surgery	Dr Yati Nor
Vascular surgery	Dr Malcom Thompson
Leave and Rosters	
Leave	Dr Alan Ch'ng
Rosters	Dr Alan Ch'ng
Allocations	Dr Tom Ryan
Contacts for each fellowship	
General x10	Dr Munib Kiani
Airway x2	Dr Claire McTernan
Upper GI x2	Dr Reena Patel
Regional x4	Dr Sam Wong Dr Alan Ch'Ng



Vascular x1	Dr Leena Nagappan
Simulation x2	Dr Andrew Lamb
Cardiac x1	Dr Warren Pavey
Obstetric x1	Dr Yayoi Ohashi
Burns fellowship x1	Dr Kristine Owen
Perioperative x2	Dr Michela Salvadore
Retrieval fellowship (6 months RFDS and 6 months general at FSH)	Dr David Jaanmats
IMG fellowships	Dr Ben Greenwood

Anaesthetic Department

FTE of FANZCAs: 70 FTE consultants

Number of doctors in training

RMO: 4x perioperative RMO positions at Fremantle Hospital

Rotational registrars: 10 advanced trainees, 8 introductory/basic trainees

Service: 8

Fellows: 22

ICU/ED: 3 ED, 1 ICU

The Fiona Stanley Fremantle Hospitals Group provides anaesthetic services across two separate sites, for a broad range of surgical and medical services including:

- 26 operating theatres
- 7 endoscopy suites (including bronch and ERCP)
- 2 interventional radiology suites
- 2 coronary catheter labs
- acute and chronic pain clinics.



MET information

The junior anaesthetic registrar (JR) will carry the MET pager during the day and night. They will also cover NiisWA alongside a consultant anaesthetist during the daytime providing anaesthesia for thrombectomies for patients with acute CVAs. MET calls are attended by an ICU registrar, medical registrar, Anaesthetic registrar, RMO and CNC.

Pain rounds

Trainees are allocated for a full week of pain rounds once every 3-6 months. This is mainly junior registrars but senior registrars can elect to have a pain week if required to meet training requirements. Contact Dr Alan Ch'ng if you require pain rounds to meet your VOP requirements.

SSUs/VOP available

This term will contribute heavily to all of your VOP and SSU requirements. Try to liaise with the allocations coordinator (Dr Tom Ryan) to ensure you get relevant lists for the SSU's you want to complete. Most consultants are happy to complete WBA's during your list with them.

Specialist terms

All SSU's are available except for neurosurgery and pediatrics is limited.

Teaching for registrars and fellows

Teaching occurs Thursday afternoon from 1600-17:30. This is a great opportunity for registrars to complete scholar role activities 'teach a skill', 'facilitate a small group discussion', 'appraise a paper' and 'present a topic.'

Best café

Ikon is by far the best coffee, worth the wait!



Department/hospital facilities:

Lockers: There is a shortage of lockers in the main change room. Most registrars will be asked to share a locker and may receive a small locker outside of the changing rooms. Put your name on the waiting list for a large inside locker with the theater admin manager. These lockers usually become available reasonably quickly.

Rest area for registrars: There is a registrar area comprising 7 computers within the department. Sleeping arrangements are a contentious issue at the moment. The obstetric registrar has a bed in a private room within the department. At the time of writing the junior and senior registrar have beds in a shared room within the department, however private rooms are expected to become available soon.

Breast feeding area: A breastfeeding room for anaesthetic staff only is located within the department.

Registrar desk/study area/library: 7 computers and additional desk areas are located in the department. The library is a great place to get some study in if you are looking for a quiet place away from the department.

Tea/coffee room: Fridge space for lunches? What type of coffee machine? There is a great tea room within the anaesthetic department with lots of fridge space and a coffee machine for all to use.

End of trip (cycling) facilities: There is ample bike parking in the basement that is accessible with your swipe card. There are also many showers but remember to BYO towel.

Parking: Staff parking is available in car park 3,4,6,7,8,9

Public Transport: Fiona Stanley Hospital is situated next to Murdoch train station. Trains run frequently during the day.

Working less than full time

Who to contact if you wish to work LTFT: Alan Ch'Ng

Any previous people happy to be contacted to discuss their experience:
The department is very flexible and supportive of those wishing to work LTFT.



Welfare/support

Other than SOTs. Any welfare contacts?

Registrar wellbeing reps include

Carole Gillespie (Lead)

Yelena Hoppe

Ethan Fitzpatrick

Laura Wisniewski

Consultant wellbeing reps include

Jen Liddell (Lead)

Ann Ngui

Arya Gupta Brian

Morrow Nav

Hashemi Alan

Ch'ng Christine

Ong Jaya

Manoharan

Welfare/collegiality initiatives

Regular registrar social events occur Friday after work.

Roster/Leave

Roster pattern - are there weekends/nights/evenings etc. Due to the size of the department out of hours shifts are relatively sparse compared to other hospitals. A set of nights will include 3x shifts for both junior and senior registrars. There are two senior registrars and one junior registrar on site overnight. Registrars are rostered for a full weekend at a time (2x 12 hr shifts) when working day shifts.



How many hours per fortnight (generally)?

Generally 80–85 hours a fortnight

How do you access the roster?

The roster is accessed via a google document found here

https://docs.google.com/spreadsheets/d/e/2PACX-1vSnVMefBwuYLQxMVYJA7_mR24oSo_gh-Rd3K_ti5U82YvoNkWqiWGNDRq_ToQ1mJQvDkAAEa8ZufGJf/pubhtml#

How do you request leave?

Via FSHanaesthesia (<https://fsfhanaesthesia.com/forms/regleave/>)

Rotational Training

SSUs

Which SSUs are available? All SSUs can be completed at FSH excluding the neurosurgical SSU

VOP towards other SSUs? Cases in NIISwa and spinal surgical cases contribute to the neurosurgical SSU VOP

WBAs

Any specific/key WBAs available? You will have lots of opportunity to complete all general and most specialist term WBA's at FSH.

DOPS: All possible

CbD: All possible

Mini-CEX: All possible

Scholar role, QI/QA, Research:

Who are the scholar role supervisors? What scholar roles can be achieved in this hospital? The scholar role supervisor is Dr Ed O'Lachlan. Thursday teaching is a great way to complete most of the scholar role requirements.

What opportunities are available for Audit/QI/Research? Who are the contacts? There are many opportunities to get involved with audits, research and QI. Get in contact with Dr Anisa Abu Baker to discuss projects underway.



Rotation tips:

The FSFH Anaesthetic department is a relatively young department. The consultants are approachable, keen to teach and are relatively laid back, making it an excellent learning environment for all levels of training. You will get exposure to a wide range of surgery specialties and will have a nice balance of elective and emergency work.

Patients will almost always be seen in the pre anaesthetic clinic prior to their elective surgery. Login to Bossnet to review their anesthetic chart and text or phone the consultant the night before to let them know about the patients and discuss any difficulties. Review your patients in holding bay at 0730 prior to the theater huddle at 0800.

There is not a focus on achieving a high turnover at FSH and thus lists can seem quite slow. Make sure all OT staff are ready before you bring the patient into the OT. The department also mandates drugs only be drawn up for a patient just prior to their arrival (not during a previous case) and they are very strict on this.

Fellowships

List of fellowships available.

See above





Joondalup Health Campus

Address:	Cnr Grant Blvd and Shenton Ave, Joondalup WA 6027
Phone Numbers:(switch):	9400 9400
Beds:	722 bed hospital
Duty Anaesthetist:	Dect9121
Obs Anaesthetist(in hours):	Dect9120
Registrar:	APS Reg Dect 5224 (page 0400) Obs Reg Dect 5225 (page 0799)

Department contacts

Head of Department (HoD)

Dr David Bridgeman

Supervisors of Training (SOTs)

Dr Chris Gorton (ANZCA/ED)

Dr Neil Collins (ANZCA/GP)

Dr Nicole Khangure (ANZCA)

Dr Luke Torre (ICU)

Dr Diana Fakes (GP)

Dr Katherine Smither (GP/ANZCA)

.....



SSU Supervisors

Head/Neck/ECT: Dr Gopal Rajan

Ophthalmology: Dr Leonard Lum

Gen/Uro/Gynae/Endo: Dr Merlin Nicholas

Orthopaedics: Dr David Bridgman

Vascular: DrLieselBredenkamp

Plastics: Dr StewartAllan

Paediatrics: Dr Merlin Nicholas

Obstetrics: Dr Jesco Kompartdt

Leave, Rosters and Allocations

Leave DrJudePenney (SR's)

Dr Anna Hayward

Dr Tamara Garside (JR's)

Rosters: DrJudePenney (SR's)

Dr Anna Hayward

Dr Tamara Garside (JR's)

Allocations: Dr Merlin Nicholas

Dr Rebecca Kelly

Fellowship Supervisors

Dr Merlin Nicholas

Dr Neil Collins

Contacts for each fellowship

Cardiac Echo: Dr Hon Sim

Dr Lisa Zuccherelli

Simulation/Education: Dr Jude Penney

Regional Anaesthesia: Dr Brian Hue

Dr Rebecca Kelly



General Fellowships: Dr Merlin Nicholas

Welfare Officers: Dr Marion Funke

Dr Jude Penney

Dr Angela Tan

Pain Specialists: Dr Eric Visser

Dr Michael Veltman

Dr Phillip Kriel

Dr Rajiv Menon.

Secretary: Ms. Helen Carroll

Department Information

FTE of FANZCAs: 38 FANZCAs (+ 7 VMO's)

Number of doctors in training

RMO: 2

Rotational registrars: 7+

Fellows: 6

ICU/ED/GP: 7

MET information

All MET calls are received on the 0799 (Dect 5225) and 0400 (Dect 5224) pagers. 0799 (Obs).

Registrar responds 0800-1300. Thereafter the 0400 (APS) pager attends. Afterhours the 0400/5224 pager/dect is carried by JR.

Pain rounds

Occur daily. Led by APS Consultant and Specialist Pain nurses.

All pain referrals are through the 0400 pager/ 5224 Dect.

At weekends there is a Consultant and Nurse led round that JR attends. JR conducts Sunday round by themselves.



Rotational Training

WA RATP Rotational Supervisor: Dr Anna Hayward

SSUs/VOP available

All SSU's apart from complex paediatrics, neurosurgery, vascular, cardio-thoracics and ICU can be completed at JHC

The Consultants in charge of allocations are fair and very approachable.

Examples of VOP include

- Cardiac: Cardioversion and TOE
- General surgery: emergency laparotomy, peritonectomy, bariatric surgery
- Gynaecology: hysterectomy, hysteroscopy, fertility
- Head/ Neck/ ENT: bronchoscopy, microlaryngoscopy, mastoidectomy, thyroidectomy, parathyroidectomy
- Spinal: laminectomy, fusion
- Thoracics: lobectomy, VATs/ decortication/ double-lumen tubes
- Obstetric: everything
- Ophthalmology: eye blocks routinely performed by anaesthetist.
- Orthopaedic: all elective and emergency (including #NOFs).
- Paediatrics: general paed cases >6 months old.
- Vascular: bypass, venous surgery.
- Specialist terms: Obstetrics.

WBAs

All consultants are very keen to conduct WBA's.

Scholar role, QI/QA, Research

Scholar role supervisor: Dr Yasir Altamimi.

Departmental Teaching: Dr Weiming Chui.

Registrar Teaching: Dr Syed Hamid.



Part 1 Teaching: Dr Michael Veltman.

Part 2 Teaching: Dr Jakob Chakera.

Teaching for registrars

Departmental: Thursday at 0730. Currently conducted online, but previously held in the Medical School, Private Hospital Level 1 Teaching Room.

Registrar: Fortnightly sessions on Thursdays 2-5pm in theatre tutorial room. All registrars expected to attend if rostered. Junior trainees to present on allocated topics throughout the term.

Teaching for fellows

Fellows have weekly office/ non-clinical sessions.

Best café

A few good cafes located around campus, all within walking distance.

Department/hospital facilities

Lockers: Allocated on arrival, all lockable with a code.

Rest area for registrars: Suite 113 is located on the same level as theatres. Has two lockable, fully serviced bedrooms with fresh laundry and towels. Kitchenette stocked with basics and a toilet/ shower. Rooms also have computers and telephones. Only accessed by anaesthetic registrars. There is also a tea room near the Consultants offices with a free coffee machine and fridge. There is an apartment located near the entrance of the hospital to be used by SR or Consultant if required to stay overnight.

Breast feeding area: Breastfeeding room at the entrance to ward A2 with swipe card access. Has a fridge for milk storage that is not used by anyone else.

Can also use Suite 113. Fridge and lockable rooms for privacy.

Registrar desk/study area/library: Suite 113

Tea/coffee room: JHC provides food for staff for lunch and dinner. Lunch is served in the main theatre dining room and for staff on long shifts, a voucher is given for access to a meal served from hospital dining room on ground floor. Occasional mid-morning treats appear in dining room around 10am.



End of trip (cycling) facilities: Theatre changing rooms have a shower and there other end of trip facilities in basement. Access has to be arranged through security.

Parking: Free!

Public Transport: A good train service runs from Perth to Joondalup every 15-30 mins taking approx 30mins. Latest shift finishes at 2030, with train still running.

Working less than full time

Requests are directed to the roster Consultants and SOT's. Individual requests considered on application.

Welfare/support

There is a Welfare session during Thursday registrar teaching and a "Buddy" system is encouraged between junior and senior trainees. SOT's and Welfare officers are all approachable and present within the department.

Roster/Leave

Rosters for both Senior and Junior trainees are well organised and access to annual leave and PDL is fair and well facilitated. Pre-primary ANZCA trainees are rostered off for the Part 1 teaching sessions and every attempt is made to facilitate Part 2 requests.

Hours

40 hrs per week.

Day shift:	0730–1730
Long day:	0730–2030
Weekend:	0730–2030
Nights:	2000–0800.



Staffing

Evenings/Weekends: 1 or 2 consultants (depending on cases), 1x SR, 1x JR. JR is expected to cover APS, public epidurals and METs with SR covering theatre, private epidurals and any emergency requests.

Nights: 1x SR and 1x JR with on-call Consultant from home. All Consultants are supportive and happy to attend if required.

Rotation tips: Busy hospital with great exposure to case mix and emergency cases with high turnover.

Very friendly and supportive group of consultants.

Most patients come through the Specialist Medical Assessment Clinic (SMAC). Notes available the night before at the front of the Day Procedure Unit (DPU) if you're really keen.

Theatre AM lists start at 0800 with PM lists at 1330. Thursday has a later start time of 0830 to facilitate teaching.

It is standard policy for private patients to have a Consultant Anaesthetist and Surgeon present throughout case (even during night). It is variable with regards to the hands-on experience trainees obtain with these cases, each case discussed with consultant beforehand.

Ramsay Health utilise MyTime App to record shift patterns. Requires trainees to set up the app with a code and tag on and off for their shifts. Any overtime is recorded and any concerns are kindly sorted out by the secretaries. However, it is very rare to finish beyond 1730!!

Fellowships

Cardiac echo: JHC has the only anaesthetist led formal echocardiography lab in Australia. There is weekly half-day tutorials and practical scanning sessions. Time is allocated to performing goal directed scans in SMAC, ICU and ward rounds with regular echo reporting sessions to improve theoretical knowledge. Fellows can also complete a post graduate qualification in clinical ultrasound.

Perioperative medicine: Fellows are involved in patients periop journey from surgical referral to full recovery. Fellows will attend the High Risk Anaesthesia Clinic to assess and optimise patients with complex comorbidities, liaising with teams regarding ERAS protocols and conducting post-operative ward reviews of complex patients.



Simulation and teaching: There is a dedicated simulation room in the clinical school with a laerdal SimMan 3G, paediatric manikin and neonatal manikins. There are a variety of other training aids including ORSIM bronchoscopic trainer, epidural trainers, cricothyroid trainers and adult, paediatric and neonatal intubation trainers. Involvement is expected in a variety of workshops for anaesthetic trainees, consultants, assistants, nurses and ward doctors. There are also options to participate in and teach on the EMAC course. Skills will also be obtained with regards to workshop planning, scenario design and debriefing.

General: There are a wide variety of lists at JHC, including bariatrics, general, O&G, orthopaedics, ENT, vascular, urology, plastics, ophthalmology and paediatrics. Fellows will be given the opportunity to deliver anaesthesia in a timely manner.

Regional: A variety of regional blocks occur at JHC. There is an anaesthesia block bay, staffed by Fellow and Consultant daily which is expected to facilitate blocks for the 12 operating theatres. Fellows are expected to undertake research and participate in education sessions.





King Edward Memorial Hospital

Address:	374 Bagot Rd, Subiaco WA 6008
Number of Beds:	250, including 16 birth suite rooms, 6 bed high dependency unit (Adult Special Care Unit)
Phone Numbers: (switch)	6458 8222
Duty Anaesthetist:	0420302571 /*41225/page3225
Registrar on call phone:	holds DA page after hours

Department contacts

Head of Department (HoD)	
Dr Jamie Salter	
Supervisors of Training (SOTs)	
Dr Josef Ferguson (JR)	
Dr Roger Browning (PF)	
SSU Supervisor	
Dr Lloyd Green	
Leave	Dr Lip Ng
Rosters	Dr Lip Ng



Allocations Dr Chong Kwah

Contacts for fellowship: Dr Roger Browning

Anaesthetic Department

FTE of FANZCAs: 18

Number of doctors in training

RMO: N/A

Rotational registrars: 7

Non-rotational registrars: 0-1 (variable)

Fellows: 4 FTE

ICU/ED: N/A

MET information

APS page holder during the day, DA page after hours. MET team comprising of obstetric registrar (JR/SR), obstetric/gynae RMO, CN, anaesthetic registrar or DA (often will be only critical care presence during a MET), anaesthetic technician (with defibrillator and equipment bag)

Pain rounds

Allocated APS rounds on roster. Experienced and amazing CNCs (Elli Bush or Chris Rowcliffe) +/- APS consultant.

SSUs/VOP available: Obstetric SSU and VOP easily completed during term. Epidural VOP, caesareans (top up, GA, SSS, CSE).

General Surgery: Major per-vaginal surgery, other gynaecological procedures, elective major lower abdominal and pelvic surgery, laparoscopic lower abdominal surgery

Paediatrics: Care of the newborn following delivery

PAC: Approx one every fortnight and on request

Pain Rounds: Frequent

Specialist terms: Obstetrics

Teaching for registrars: Protected Thursday AM registrar teaching 0730



(registrar library) coordinated by Dr Sara Foroughi; Tuesday AM departmental teaching 0730 (theatre tearoom or Clinical Staff Lounge room (Level 1))

Teaching for fellows: Not formally

Best café: Karibu

(200m to the right outside the main hospital entrance), WIRF Cafe (in hospital) is a closer option for quick access. Lunch orders from hospital catering can be made before 1100 via a clipboard in the tea room. Multiple Subiaco cafes/restaurants by Uber after hours. Saturday AM Subiaco Farmers Markets great for a quick coffee or snack post night/pre day shift.

Department/hospital facilities

Lockers: Standard locker room facilities. BYO lock.

Rest area for registrars: JRs frequently bunker down on the sofa in the registrar library (linen from theatres). Private rest room with bed and sink facilities on level 6 for fellows - currently out of use (COVID expansion).

Breastfeeding area: Yes, located on Level One near the stairwell outside ASCU.

Registrar desk/study area/library: Registrar library within department non clinical area.

Tea/coffee room: Plentiful fridge space for lunches. Toaster/sandwich press/microwaves in communal theatre tearoom. Communal pod machine in theatre tearoom. In house coffee options not wonderful.

End of trip (cycling) facilities: Outdoors enclosure, requires code via hospital security.

Parking: Scattered around the hospital grounds. Best for day shift - diagonal parking opposite Railway Rd. Best for afternoon shifts - parking lot off Hensman Rd. Night shift - either use pay parking or consider free street parking around suburbia streets.

Public Transport: Bus stop opposite main entrance (27); easy walk from Daglish trainstop.

Working less than full time

Who to contact if you wish to work LTFT: Discuss with Dr Lip Ng



Welfare/support

Welfare Officers at KEMH - Dr Sara Foroughi, Dr Chong Kwah, Dr Sigrid Pfeiffer.

Extremely welcoming and friendly department. Frequent social initiatives including welcome drinks, farewell drinks/dinner with solid consultant, tech and nursing turnout. Huge lolly jar frequently filled by registrars and consultants.

Roster/Leave

Registrar roster covering 24/7; day shift 0730-1730, evening shift 1230-2230 (usually clinic/afternoon list followed by taking over theatre overruns/emergency cases after 1730), night shift 2130-0800.

Weekend shifts 0800 - 1800 or 2000 (alternating between 10 and 12 hours for JR and fellow), and weekend nights 2000-0800.

Fellow on calls 1800-0800 on call from home. A consultant or SR will be present in the hospital until 2200 Monday to Friday.

Usually 80-90 hours per fortnight.

The roster is available on MS Teams and sent via health email in advance of commencing in the department.

Request leave via Email Dr Lip Ng (rostering extraordinaire). Requests for leave, RDOs are always welcome no matter how far in advance. Preference for leave around exam time to exam candidates.

Rotational Training

SSUs

Which SSUs are available? Obstetrics

VOP towards other SSUs? General Surgery (gyane)

WBAs

Any specific/key WBAs available? All of Obstetric WBAs, plus various AT WBAs

DOPS (2): Obstetric labour epidural, obstetric caesarean spinal/epidural/CSE

CbD(1): Obstetric general anaesthesia caesarean

Mini-CEX (2): Obstetric anaesthesia for caesarean, obstetric anaesthesia



Scholar role, QI/QA, Research

Who are the scholar role supervisors? What scholar roles can be achieved in this hospital?

Clin Assoc Prof Nolan McDonnell (Director of Research, Dept Scholar Role tutor). All SRAs possible.

What opportunities are available for Audit/QI/Research?

Who are the contacts?

Plentiful if proactive. Consider commencing GEKO process early (takes 1-2 months for approval) to ensure sufficient time during KEMH rotation for data collection etc. Medical Information located on lower ground floor; still uses fax or a good old fashioned in person request for medical records/files.

Rotation tips

General information about expectations and opportunities.

- Western Australia's largest maternity hospital and the state's tertiary referral centre for complex obstetric and gynaecological patients.
- Supportive department, effective allocation of annual leave/PDL/exam requests
- Use the Hitchhikers Guide (PDF; easy and quick reference) for departmental information and processes, and for reference during after hour shifts for troubleshooting
- Everyone will hit that dura. Don't stress.
- Epidural 'back model' trainer and jelly spines for practise/teaching epidural; recent introduction of the Epidural Passport at the beginning of term to ensure epidural proficiency
- Learn about ROTEMs (and send them early in a bleeding patient)
- Good communication is essential. Remember to call for help and support early in any tricky situation
- You may need to be direct with the obstetrics registrars – some of them can be poor communicators and keep operating when they're out of their depth. There are three registrars of varying seniority on afterhours. The most senior one will be asleep onsite (on call) unless they are summoned
- Your night shift techs (and day time techs!) are your best friends



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- Obstetric anaesthesia involves lots of talking. Anticipate high emotions and high stress both in the labour suite (epidural requests), and during preparation for emergency sections. Our responsibility and priority is to ensure safe anaesthetic care for the mother first.

Fellowships

Fellowships available. Obstetrics fellowship

Fellowships Co-ordinator contact details:

Dr Roger Browning

roger.browning@health.wa.gov.au

Four fellowship positions. One night on-call per week (Mon- Thu), one weekend per month (days), one day/week dedicated to fellowship pursuits.





Perth Children's Hospital

Address:	15 Hospital Ave, Nedlands WA 6009
Number of Beds:	298
Phone Numbers:(switch):	+61 (08) 6456 2222
Duty Anaesthetist:	Internal call via Vocera App
Registrar on call phone:	Same as DA phone

Department contacts

Head of Department (HoD)

Tanya Farrell

Supervisors of Training (SOTs)

Dan Durack

Priya Thalayasingam

Chris Gibson

SSU Supervisors

SOTs as above for Paediatric SSU



Leave and Rosters

Leave	Erik Andersen
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Rosters	Rohan Mahendran Elaine Christiansen
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Allocations	As for rosters
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Contacts for each fellowship	
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Alison Carlyle	
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Department Information

Number of doctors in training	
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RMO: 0	
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Rotational registrars: 9-10	
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Service: 0-2	
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Fellows: 3-4	
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ICU/ED: 0	
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MET information

Calls go through to the DA phone. Anaesthesia registrars don't routinely attend. Attended by the medical team and ICU with nursing support.

Pain rounds

Monday-Friday pain rounds start at 8:15am in the department, attended by consultant, registrar and pain nurse. Weekend pain rounds conducted by the weekend day registrar on Saturday and Sunday mornings. This registrar is typically rostered to the pain round the Friday preceding the weekend and the Monday following the weekend to allow for continuity of care.

SSUs/VOP available:

Paediatrics with a substantial VOP that will be met rapidly. There is also an opportunity to meet some ophthalmology, orthopaedic, ENT, neurosurgical and general VOP.

Specialist terms: Paediatrics	
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Teaching for registrars: Weekly registrar-led and consultant-supervised teaching, usually held on a Thursday at 4pm. Registrars are allocated a topic to present once every 3 months. Weekly departmental meetings are held on a Wednesday at 7:30am

Teaching for fellows: Weekly consultant-led teaching on subspecialty specific topics.

Best café:

Margaret & Moore (Level 1 Food Hall) or Supernatural Cafe (Level 5 by the pink lifts). Neither open on weekends, in which case Little Lion Cafe (Ground Floor) is the next best option. There is also Coffee Code and Xpresso Code located on the ground floor of the multi-storey carpark.

Department/hospital facilities:

Lockers: Located within the staff changing rooms or corridor to theatres. Shortage of lockers for trainees, often unable to be provided. Waitlist yourself at the start of the term at theatre reception.

Rest area for registrars: Located within the anaesthetic office, next to the registrar and research computing area. Door marked 'lounge'. Fold out mattress located at the far end of the room behind the pinboard screen. Room has large windows and no blackout curtains so eye mask is recommended. A desk, lamp and telephone charging point is available next to the bed.

Breastfeeding / expressing area: There is a staff expressing area located somewhere within the hospital (I have been unable to locate it) but it is distant from theatres. Options close to theatres include the NICU family expressing room which is shared with patient's parents and an informal arrangement for staff use; or focus rooms within the department itself which can be used if available (note these rooms are not lockable and have partially frosted windows, so not entirely private). The department is supportive of breaks for expressing, but the trainee would need to articulate their requirements at the start of the list as the days can be busy and it is easy to feel as though there's no time to escape.

Registrar desk/study area/library: This is in the department co-located with the research nurses. Comprised of three desktop computers with access to hospital applications and the departmental printer. Pigeon holes are also co-located with this space.



Tea/coffee room: Opposite the staff change rooms and shared by all theatre staff. Plenty of fridge space for storing lunch, and a Nespresso pod coffee machine (BYO pods). Equipped with microwaves and sandwich press, no toasters. Free instant coffee, tea, biscuits and bread for staff. BYO named mug if you want to keep one in the cupboards. Eternal dire shortage of knives, forks and spoons so suggest BYO those too.

End of trip (cycling) facilities: Dedicated bike locker with access via Winthrop Avenue (just under Koolangka Bridge). Organise swipe access with security. Showers in theatre change rooms.

Parking: Managed by Wilson parking and applied for centrally. In the event it isn't active for your first day, you can request a staff ticket from the Wilson parking office at the ground floor of the multi-storey carpark to get the discounted daily staff rate. Parking itself is available either in the large multi-storey carpark accessed via Winthrop Avenue, or underground parking beneath PCH ED accessed via Hospital Avenue.

Public Transport: Multiple bus routes service the roads surrounding PCH and SCGH. No train lines in the immediate area, closest stations are Subiaco and Shenton Park from which a bus can be caught.

Working less than full time

If you wish to work less than full time please discuss with SOTs ahead of time.

Dr. Claudia von Peltz (Claudia.VonPeltz@health.wa.gov.au) is happy to be contacted to give the trainee perspective.

Roster/Leave

How many hours per fortnight (generally)? 80

How do you access the roster? The department uses a rostering website called Hosportal which details your roster and theatre allocations. Access will be arranged prior to your start date. Your personal roster can be exported from the site into your native calendar app on your mobile for ease of access.

How do you request leave? Via Hosportal. For urgent leave requests contact either Erik Andersen or the fellow allocated to assist with rostering.



Rotational Training

SSUs:

Which SSUs are available? Paediatrics

VOP towards other SSUs? Some ophthalmology, ENT, some orthopaedics and general

WBAs

Any specific/key WBAs available? All associated with the paediatric SSU

Scholar role, QI/QA, Research

Who are the scholar role supervisors? Prof Britta Regli-von Ungern

What scholar roles can be achieved in this hospital? All

What opportunities are available for Audit/QI/Research? Who are the contacts? There is a well developed anaesthetic research unit within the department. Points of contact are Prof Regli-von Ungern (Britta.Regli-VonUngern@health.wa.gov.au) or Dr David Sommerfield (David.Sommerfield@health.wa.gov.au)

Rotation tips

Trainees coming for their first paediatric rotation are not expected to have had prior experience, and consultants are very familiar with trainees new to paediatric anaesthesia and amenable to providing heavily focused supervision early on, including being very willing to come in out-of-hours if the trainee feels at all uncomfortable. Trainees are not generally rostered to after-hours shifts until some weeks in, so there is time to familiarise oneself and acquire the requisite skills. The anaesthetic technicians are wonderful and your friend, and most have substantial experience in paediatrics - consider their input and value their insights.

In general there is no expectation to have reviewed patient charts beforehand, and they are often difficult to access ahead of time as they are largely kept off-site. You may receive emails about upcoming patients if there is a specific point of concern.



The majority of patients present on the day of surgery to 3C (DOSA) which is adjacent to theatres, and they are reviewed here with their parents. Consider early on whether you think the patient would benefit from premedication(s) and discuss this with your consultant so plans can be made to give the drugs at the appropriate time.

Fellowships

2x Anaesthesia fellowships of 6 or 12 months duration

3x Anaesthesia & PICU fellowships of 12 months duration

Have both February and August start dates with closing dates March of preceding year

Prior paediatric anaesthesia experience is essential and applications must have completed the ANZCA Fellowship Exam or equivalent

Description of fellowships

A full range of paediatric surgical services, including neonatal surgery, cardiac surgery, neurosurgery, airway surgery (including airway reconstruction), craniofacial surgery, trauma surgery, scoliosis and multilevel orthopaedic surgery are performed. Heart, lung and liver transplantation are not performed. There is a well-established inpatient Acute Pain Service, an outpatient multidisciplinary Chronic Pain Service and a Central Venous Access Device service.

The department has an active and internationally-recognised research department, led by the Australasian Chair of Paediatric Anaesthesia, with over 30 research projects and audits in progress. Fellows are welcome to become involved in our research.





Rockingham Hospital

Address:	Elanora Dr, Cooloongup WA 6168
Number of Beds:	157
Phone Numbers:(switch):	(08) 9599 4000
Anaesthetic Department Location:	First Floor Theatre complex
Anaesthetic Consultants:	8 FTE
Anaesthetic Registrars:	2 ANZCA, 1 ICU, 1 ED, 4

Key Contacts

Leave and Rosters

Name: Tehal Kooner (HOD, very approachable and flexible)

Supervisors of Training (SOTs)

De-Wet Van Riet

Duty Anaesthetist	Phone: 94721
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MET (Anaesthetic Reg)	Pager: 165
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Overview

24 hour cover with MET pager

Strict 40 hour/week roster

A great little district general with a great anaesthetic department, you can learn a lot down here with high turnover lists of ASA 1-3 patients. Ideal for IT and BT trainees to get case numbers up. Excellent exposure to Obstetrics.

Good Paeds ENT exposure if you're keen and request it. If you show initiative you will be rewarded with the independence you so keenly wish for but never get at the tertiary centers.

The anaesthetic department has 8 FTE, mostly UK and Australian trained guys and gal, with a great deal of experience, all of the bosses are very approachable.

Roster

You are essentially supernumerary, 4 shifts per week. Lists start at 8 usually finish up 17:30 - 18:00, expected to be in by 7.30am to see patients in time to start the list.

One reg on late on weekdays: 12:15 – 22:15

One reg on nights: 22:00 – 08:00

Weekend is covered by one reg during the day 08.00-20.30 and one reg at night 20.15-08.15

Roster allocated in 3 monthly blocks

Daily theatre allocations for day shifts emailed the week before

Leave Requests

Tehal Kooner (HOD) is the man to request leave from, drop him and email, very accommodating if given enough notice.

Access to leave is usually easily accommodated, especially study leave the week before exams



Speciality study units and VOP to do here

This is a really good rotation to focus on getting some independence and list ownership on high turnover lists.

Make progress on the Obstetric VOP. Once you get your epidural competencies up you are able to complete them independently

Paeds, ENT, Ortho and Gen Surg VOP's can all be chipped away at. Request lists that you need VOP for and you will be accommodated.

There is a PAC clinic which you will be allocated to for half a day with a consultant from time to time.

WBAs

DOPS

Regionals

Most of the Obstetric DOP's could be achieved

Mini CEX

LSCS

Orthopaedic

General

ENT

CBD

GA LSCS

Most of the General, Ortho and ENT CBD



Scholar role, exam preparation opportunities

Great rotation for flexibility for the big quiz, rostered off on a Friday arvo for the tutorials.

Also very flexible to allow you to nip off a bit early to attend viva practice etc if you let the duty anaesthetist and the boss you are allocated with on the day know in advance.

Keen to teach.

Scholar roles are easy to complete here.

Fellowship positions	N/A.
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Rotation Tips

- If you work hard you will be rewarded with greater responsibility and independence.
- You can learn a lot from the bosses who have a diverse background and experience, they are all keen to teach if you're keen to learn.
- When coming from Perth don't get off the Kwinana freeway at Thomas Road as your Sat Nav will direct you, but rather continue to the Mundijong Road exit and knock 10 minutes off the drive.

Specialty Study Units (SSUs) and Volume of Practice (VOP)

Gen Surg – Lap chole, hernias, lap appendix, TAH, gynae+++

H&N, ENT – Paeds only

Scopes – Lots

Obs / Gynae – Elective and emergency LSCS, Labour epidurals

Ortho – Joint replacements, arthroscopies

Paediatrics – ENT

PAC – Half day allocations with a consultant

Pain Rounds – Morning, daily, with a consultant on week days and on own on weekends





Royal Flying Doctor Service (RFDS)

Address	Eagle Drive, Jandakot
Coordination Centre:	9417 6388
Beds:	2 or 3 per plane
Staff specialists:	20
Anaesthetic Registrars:	1 (ANZCA) plus many others

Overview

RFDS is a unique aeromedical retrieval service. It is recommended for those with an interest in critical care; keen to get out of the day-to-day routine of operating theatres and try something very different. You will have the opportunity to apply your broad anaesthesia experience in remote nursing posts, country hospitals and at 10,000 ft above sea level whilst exploring the vast state of Western Australia. You need to be willing to work independently and comfortable in a small plane, small helicopters, and occasionally the RAC rescue helicopter. You will be rewarded with challenging cases in a resource-limited environment, exposure to the aviation industry, highly appreciative patients, and a generous employment package.



Roster

Your first 3 weeks will be a thorough orientation to the aeromedical retrieval environment including fixed and rotary wing aircraft. The roster is accessed through the RFDS intranet site and is written by one of the RFDS FACEMs. Rosters requests are readily accommodated where possible although it is important you are there for the first three weeks of orientation.

General tips

- Best to have done your fellowship exam and as a minimum PMH/ KEMH time before starting work with RFDS
- RFDS will cover the cost of Helicopter Underwater Escape Training, and provide study leave for attending your own courses
- You may like to complete a postgraduate Aeromedical medicine qualification linked to RFDS
- Opportunities for using the extensive RFDS patient data base for potential research projects
- Weekly teaching sessions and regular journal club
- Plenty of opportunity to get work done while flying to retrieve a patient or while on-call so a good opportunity to complete a project or further study
- The ANZCA approved 6-month RFDS position is linked to a 6 month general fellowship at FSH (need to apply to both FSH and RFDS).
- Contact SOT James Anderson (FANZCA) at James.R.Anderson@rfdswa.com.au with further questions.





Royal Perth Bentley Hospital

Address:	31-59 Mills St, Bentley WA 6102
Number of Beds:	450
Phone Numbers: (switch)	9224 2244
Duty Anaesthetist:	0424 155 037

Department contacts

Heads of Department (HoD)

Dr. Wim Smithies

Dr. Christine Grobler & Dr. Jeff Smith (DHOD)

Supervisors of Training (SOTs)

Dr. Gordon Chapman

Dr. Jeff Smith

Dr. Steve Swanson

Dr. Fran McGregor

Dr. Alex Bennett

Dr. Adriano Calzolari

Dr. Christine Grobler



SSU Supervisors

Head, Neck, ENT, ECT	Dr. Philip Nelson
Vascular	Dr. Jeff Smith
Orthopedics	Dr. Patrick Eakins
General	Dr. Andrew Toner
Ophthalmology	Dr. Steve Swanson
Intensive Care	Dr. Anton Leonard

Leave

First point of contact is via the fellow with the roster portfolio via this email - APM.RegistrarRoster@health.wa.gov.au

Currently run by Dr. Craig McLaughlin

Rosters

Published on the departmental MS Teams in the 'Registrar Roster' channel.

Any requests to APM.RegistrarRoster@health.wa.gov.au

Allocations

Nathalie Wong (Medical Secretary) Nathalie.Wong@health.wa.gov.au

Allocations are published around 2pm for the following day (on MS Teams)

Contacts for each fellowship

Trauma:	Dr. Christine Grobler
PeriOp:	Dr. Prabir Patel
Airway:	Dr. Scott Douglas
Simulation:	Dr. Ian Fleming
Malignant Hyperthermia	Dr. Phil Nelson
Research:	Dr. Tomás Corcoran
General:	Dr. Grant Turner



Anaesthetic Department

Number of doctors in training

RMO: 4

Rotational registrars: 8 (plus 1 in ICU)

Non rotational registrars: ~10

Fellows/SRs: 22

ICU/ED Registrars : 4

MET information

A registrar is assigned to carry the MET page and phone during the day. You will only carry the page when you are considered 'MET Competent' (i.e. can independently manage airways and have attended MET simulation training).

The page is passed on to the afterhours team once evening shift commences. Usually the most junior MET competent person carries the page after hours.

Pain rounds

Busy pain rounds with a registrar allocated for week-long blocks.

Rounds are with a consultant and at least one pain nurse.

Consultants do the rounds by themselves on the weekends.

SSUs/VOP available

Possible to complete General, Orthopaedics, ENT/Head & Neck, Vascular, Ophthalmology.

Lots of access to Neurosurgical VOP including Craniotomies (mainly after hours) and spinal surgery (including scoliosis).

Access to this seems to be very variable with some people getting enough to complete the required VOP for Neuro, and some people not getting much at all. The more senior you are (and therefore more independent after hours practice) the more likely you are to do crani.

Access to trauma including the 5 required VOP for *'Trauma team member for the initial assessment and resuscitation of a multi-trauma case'*



Specialist terms

ICU

Teaching for registrars

Protected teaching time every other Thursday from 2pm.

Varied programme with lots of different topics - regional, trauma, and exam preparation all covered.

Liaise with the education fellow for any requests or if you want to get involved.

Teaching for fellows:

Echo teaching for peri-op and trauma fellows on Monday afternoons.

Best café

Offshoot and East - across the road, leave through Victoria Square Exit on level 3. You have to change out of your scrubs unfortunately.

The Hospital café on Level 3 is actually pretty good for coffee. Food is average (except for the MSG and chicken salt chips which are amazing).

Department/hospital facilities:

Lockers: Assigned at the start of term by Nat & Moli (secretaries). You'll probably have to share a locker

Rest area for registrars: Beds available in the department for sleeping overnight. One in the registrar library and one in the research office.

Registrar desk/study area/library: Library in the department is often quite a social place but there are desks and computers. If you want to actually get work done then consider the hospital library (north building) or the seminar room (in the department).

Tea/coffee room: Two big fridges for lunches and microwaves and a sandwich press and toaster available. Nespresso machine (bring your own pod) and coffee machine (gold coin donation) available in the department tea room.



End of trip (cycling) facilities: Secure bike lockers at the Moore Street service entrance. Access via security. Showers and towels in the theater change rooms. The gate shuts from 6pm so you will need a code (from security) to get through.

Parking: Wilson car park via Moore Street

Public Transport: Multiple options. Mclver station is linked to the back of the hospital and the car park. Perth CBD is about a 10-15 minute walk.

Working less than full time

Contact your SOT and/or HOD. There are currently a number of registrars working LTFL.

Welfare/support

Strong welfare culture in the department. The consultant leads are Dr. Carmen Ansah, Dr. Shona Bright and Dr. Peter Garnett.

Keep an eye out for the 'Anaesthetic Beer and Curry Club' (which is rumored to have unfortunately had its last ever iteration) and other department social events.

There are well-being 'check in chains' in the department usually consisting of a consultant and a mix of Fellows, SRs and JRs.

Roster/Leave

When you start off in the department as a junior registrar you will require 'level 1' supervision, meaning you won't cover any after hours shifts for the first few months.

Once you become suitable for 'Level 2' supervision you start to do after-hours with Lond Days (1745 - 2045), weekends days (0745-1745) and long days (0745-2045), and night shifts (2030 - 0800). After hours always have an SR paired with a JR.

Usual hours are 80/fortnight, which goes up to 83/fortnight once you start to do after hours. Hours are variable and may be higher if you are on nights or weekends.



Scholar role, QI/QA, Research

All SRA are possible. Dr. Shaun O'Brien is the SRA lead. There is a strong research and audit culture in the department. Touch base with your SOT to get involved.

Teaching a skill and facilitating small group discussion are possible at registrar Thursday PM teaching. Frequent visitors and upskillers to theatre (including RMOs and 'service' registrars) are a great opportunity to teach a skill. Check in with the education fellow for other opportunities to tick off SRAs.

Rotation tips

Royal Perth is a busy, dynamic department with a very impressive mix of consultants who bring global experience to Perth. A large portion of the work is emergency in nature, and the PAAS (pre-anaesthetic assessment service) clinic picks up the vast majority of elective cases for pre-assessment.

There is a wealth of experience with echo, trauma, and regional anaesthesia that can be tapped into depending on where your interest lies. There is also a strong research and audit culture rife for getting SRAs completed and progressing to getting posters and publications done.

You can get remote access to iSoft and TMS by applying for a remote desktop access (search remote desktop on MS Teams, look for Dr. Kendrick Ling's post).

You will probably get assigned to go to Bentley Hospital 1-2 times a month. It's a bit of an awkward spot to get to by public transport, so consider car-pooling if you don't have your own car.

Consider joining the RPH SAF (Staff Amenities Fund) - for \$2.50/week (pre tax!) you get access to a good gym, 25m heated outdoor swimming pool, tennis and squash courts. Contact Sue Enright (Sue.Enright@health.wa.gov.au) for details on how to join. To start using the gym you'll need to organise an assessment with Chuck the gym manager (Chucki.Marmarac@health.wa.gov.au).





Sir Charles Gairdner Hospital

Address:	Hospital Ave, Nedlands WA 6009		
Number of Beds:	>600		
Phone Numbers: (switch)	*91 (6457 3333)		
Duty Anaesthetist:	71242 (6457 12242).		
Registrar on call phone:	MET (night) 76930	(day) 76203	
	Junior reg 76936	Senior reg 76937	

Anaesthetic Department FTE

of FANZCAs: 61 consultants

Number of doctors in training

Fellows: 14

Rotational registrars: 15

Service registrars: 0

ICU/ED: 2 ICU/2 ED

RMO: 4 Perioperative RMOs



Department Contacts

Head of Department (HoD)

Damien Wallman

Deputy HoD

Angela Palumbo

Leave and Rosters

Rosters: Steve Myles

Allocations

Bridget Hogan

Bojan Bozic

Supervisors of Training (SOTs)

Bojan Bozic

Bridget Hogan

Colm Quinn

Simon Hellings (ED & ICU)

Twain Russell

SSU Supervisors

H&N, ENT, Dental, ECT, Ophthal, Endoscopy

Paul Kwei

Gen Surg, Urology, Plastics, Recon & Burns

Dave Law

Neuro

Holger Holldack

CTS

Chait Tak

Vascular

Tania Rogerson

Ortho

Mark Lennon



Leave

Hilda Jansen

Anaesthesia Department

Office (Secretaries) (08) 6457 3011

Department Information

Departmental meeting: 07:30 – 08:15 every Friday, with theatre start time delayed to 08:30.

Teaching for registrars: 09:15 every Thursday, usually in the Neville Davis Lecture theatre.

Teaching for fellows: Variable dependant on fellowship.

Pin up board (secretary office): SOT allocations, timetable for Friday meetings, timetable for Thursday trainee meeting, anaesthesia department office map so you can find our office, roster shift hours, organisation chart of consultant's duties.

MET information

The anaesthesia trainee carries the following when on duty after hours:

- The MET pager (Medical Emergency Team pager)
- The Night Registrar DECT phone (76936)
- The emergency backpack (blue bag) with portable equipment

At the end of their evening shift or night shift, the trainee should handover the MET pager and backpack (kept on a hook in the entrance to the anaesthesia store room, opposite theatre 4/5) to the next trainee.

Pain rounds

Six days/week – Monday to Saturday. Junior registrars are likely to be rostered to the APS for periods of two weeks (once or twice during a six-month placement). Senior registrars and particularly regional fellows, may be rostered to the APS for one morning per week for a three-month block. One of the regional fellows will also be rostered to cover Friday afternoon APS (when the junior registrar is on their half day).



Pre-admission clinic

Consultant or SR, plus trainee. 4th Floor G block. Morning clinic: 0800 to 1230 Monday to Friday. Afternoon clinic: 1230 to 1730 Monday to Thursday. Smart casual or scrubs.

Parking: Parking access can take a few days so apply early. <https://qeii.health.wa.gov.au/parkingpermit/>

Public Transport: The campus is also served by public transport options in the form of bus services. <https://qeii.mc.health.wa.gov.au/travel-access/public-transport/>

Rosters

Rosters are published before each 3-month term. You will get an email to put in preferences for leave and after hours (to be either rostered on or off) ahead of each term.

Both junior and senior registrars work a 40 hour week – four 10 hour days from 0730 to 1730, with one full day off per week.

For ANZCA trainees sitting their primary examination, the day off will be Fridays, to allow attendance at the Primary Tutorial program. For ED and ICU trainees, the day off will be another day of the week.

Fellows work a 40 hour week – four 10 hour days from 0730 to 1730 and one day off per week. This equates to 8 “sessions” per week – of these, seven will be clinical and one will be non-clinical (“office”).

How do you access the roster?

You can (and are often expected to) review notes in DOSA/DSU the day before for booked elective cases. Lists occasionally run late and you may have to do overtime. Conversely, you may be allowed to leave early if your list finishes early – speak to the DA if this is the case.

Afternoons on weekdays covered by a JR (12:30 - 22:30 and 17:30 – 22:30 Fri), an SR (12:30 - 22:30) and a fellow (16:00 - 00:30).

The JRs and SRs do evenings in blocks (Monday - Thursday) with Friday evening usually done by the weekend team. Weekends are allocated around with two PF (08:00 – 20:00 and 08:00 – 16:00), and one JR (08:00 – 16:00), with afternoon SR from 15:00 – 24:00 and JR from 15:00 – 23:00.



Nights are covered by JRs only (but there are 4 consultants on call) – one will always come in for any cases going to theatre. Only one JR on site at night from 22:00 on weekdays and 22:30 weekends and PH.

You will be allocated regular lists and some available lists to cover those people on after hours/leave. Allocation requests will also be sought via email before each term. Priority is given to those towards the end of training. If you need specific cases/lists for VOP you can request allocation for certain lists by speaking to the DA of the following day.

The “Daily Mud Map” is an allocation for theatres for the following day (usually available by 2pm the day before). It is on the department website and via MS Teams. The booked cases are also available via MS Teams. Emergency cases will be written on the whiteboard at the front desk of the theatre complex.

Two (usually junior) registrars will be allocated to Osborne Park Hospital (OPH) every 3-month term. Each of them will do two days at OPH and two days at SCGH a week. No afterhours cover at OPH required.

How do you request leave?

All leave requests are in paper form and should be made through Hilda. If you apply after the roster has come out, you must arrange cover for any after-hours shifts you are allocated to. Access to leave is generally good if you are organised and put in your requests ahead of time. Priority is given to examleave.

Welfare/support

All trainees will be allocated a Wellbeing Advocate from the start of term, who will arrange a short meeting within the first few weeks of term. A registrar lunch is also organised on a monthly basis and is a good opportunity to catchup with your colleagues.

The wellbeing consultants include; Divya Sharma, Prani Shrivastava, Simon Papaelis, Barry Lim, Katariina Travis and Lucy Dempster, who can be reached at any time through switchboard.



Rotation tips

You are generally allocated to regular lists or to 'available', which means you will fill a space from leave or the emergency list. This means you work regularly with a few consultants and intermittently with many more. It also means you can request particular lists to fill your VOP.

Be on time and be prepared for all your lists (emergency 1st 'gold' case usually seen by evening/night registrar). But in general, if you review notes ahead of time consultants are eager to discuss this with you before the day (you can see them in theatre, their offices or call them via switch).

Don't turn up to the list without a plan (even if the consultant chooses a different course of action). Take opportunities offered to you if you can. Remember to prioritise your exams – the department is very supportive of this.

Consultants enjoy being in theatre and are proactive at being involved in cases. Use it as an opportunity to either pump their brains for information and teaching or to show off how competent and organised you are.

Nights can be quiet. If you take someone to theatre overnight, DO NOT start the case without the consultant being present, but discuss the plan and prepare for their arrival. There are 2 general consultants and 2 cardiac consultants on call – they expect to come in. If you have any trouble getting hold of someone, just go to the next consultant on the list. You will not be left alone.

Coffee in the Billabong (tea room) is good for 50c (tin can donation subsidised by the consultants). However, there are lots of other good coffee/food options during hours (Coffee Anatomy, Coffee/Xpresso Code, PCH). Instant coffee / tea / milo/ milk is available at no charge. There is also an SOS box with snacks for those working after hours.

Security are efficient at sorting name badge access and lockers are allocated to the trainees on your first day, but you need to bring your own padlock. Bike racks are on the Lower ground floor and near theatre entry in the department.

WBAs

All, other than obstetric or paediatric WBAs are available here. Speak to simulation fellows about CICO/AFOI/ALS sessions.



Scholar role, QI/QA, Research

Primary exam

Friday afternoon tutorials are held here. Part 1 examiners (past and present) work in the department and plenty of consultants are keen to teach. Good support leading up to exams in terms of time in and out of theatre. Time off for exams and courses is almost always granted, if you request it in advance.

Fellowship exam

Evening tutorials are held all over the city on a published timetable, but many are held here. Thursday teaching at SCGH for med vivas. Good support and teaching in theatre and the department on a daily basis to prepare for exams. Part 2 examiners (past and present) work in the department. A week-long part 2 course is run in conjunction between SCGH and JHC.

Research, teaching, audit

Dale Currigan co-ordinates research within the department. Multiple projects are ongoing and well supported within the department. Lots of opportunities if you are keen. Everyone will need to present at the Thursday registrar tutorials, (sign-up sheet in secretaries office at the start of term) so you may as well get your small group discussion SRA signed off then. Regularly have medical students all year so opportunities for teach a skill SRA in theatre.

SSUs and VOP

Cardiac/Thoracics Pre-allocated 3-month term during which you should complete all associated VOP/WBAs. One cardiac OT each weekday.

Gen Surg Liver center for WA (transplants covered by cardiac anaesthesia team). Regular colorectal, breast, emergencies, plastics, etc.

H&N, ENT Regular elective adult ENT lists inc. cochlear implants and H&N cancers. ECT three times a week.

ICU Pre-allocated 3-month term.

Neuro Pre-allocated 3-month term during which you should complete all associated VOP/WBAs. Usual term allocations are two days a week in



neurosurgical OT and one day in NIISWA.

Obs / Gynae Obstetrics unavailable but may get occasional exposure if sent to OPH. Once a month high-risk gynae list (for patients too high risk for KEMH).

Ophthal Can get blocks signed off but many cases done under LA or GA.

Ortho Emergencies and high-risk at SCGH. Elective low-risk at OPH.

Paediatrics Unavailable.

Vascular One endoluminal list per week. Fistulas usually done under regional.

Fellowships:

14 Fellowships available (General, Regional, Simulation, Peri-op, Echo, Neuroanaesthesia, Allergy).





St John of God Hospital Midland

Address:	1 Clayton St, Midland WA 6056
Number of Beds:	307
Phone Numbers: (switch)	9462 4000 (99)
Duty Anaesthetist:	946(2 5001)
Registrar on call phone:	946(2 5002)

Department contacts

Head of Department (HoD)	
Dr. Shedleyah Dhuny	
Supervisors of Training (SOTs)	
Dr. Sean Dwyer	
DorothyChan	
Dr. Melissa Guildenhuys	
Leave and Rosters	
Leave	Ray Paramalingam
Rosters	Dr. Melissa Guildenhuys
Allocations	N/A
Contacts for each fellowship	N/A



Anaesthetic Department

FTE of FANZCAs: 20

Number of doctors in training: 6-8

RMO: none

Rotational registrars: 3

Service: 4

Fellows: none

ICU/ED: 2

MET information

Called 'MER' rather than MET. Team: anaesthesia reg, ICU reg, medical reg, afterhours RMO or reg, CNS.

Pain rounds

Allocated for one morning pain round, at random, during day shifts. You also do the pain round on Saturday and Sunday mornings. Mel, the APS RN, does the round with you. Sometimes a consultant is rostered with you, other times it is solo. The list is usually small.

SSUs/VOP available

Obstetric and ophthalmology SSU sign offs are possible. Case-load is mostly general surgery, orthopaedics, obstetrics, some plastics, scopes. Small amount of paediatric experience available.

Teaching for registrars

Thursday afternoon - either registrar or consultant run.

Best café

Staff cafeteria provides hot and cold lunch options. Coffee is available at the public cafe.



Department/hospital facilities

Lockers: one shared locker in each of the male and female changerooms for anaesthesia registrars

Rest area for registrars: sleep on a mattress on the floor of the anaesthesia office during night shift.

Breast feeding area: unsure - I will find out from PGME

Registrar desk/study area/library: There are minimal places to study. There is one computer for the registrars in the anaesthesia office. There are two computers in the 'Doctor's Library' between theatre and birth suite. Often meeting rooms on level 1 are free and can be used for study..

Tea/coffee room: There is fridge space for lunches. The coffee machine is automatic. Theatre tea room shared with all members of the theatre team

End of trip (cycling) facilities: secure bike shed located near ED entrance. Requires a phone call to security to get swipe card access (ext 25186, 25124)

Parking: free parking with swipe card

Public Transport: Midland train station is within walking distance to the hospital (on Midland line)

Working less than full time

Who to contact if you wish to work LTFT:
Melissa Gildenhuis (Melissa.Gildenhuis@sjog.org.au)

Any previous people happy to be contacted to discuss their experience:
Rowan Ellis (Rowan.ellis@health.wa.gov.au).

Welfare/support

The whole department is very approachable. You will be asked to nominate a consultant mentor in the first few weeks of term as someone to check in with.

Roster/Leave

Roster pattern: day shift 730 - 1730. Evening shift: 1230 - 2230. Night shift (M-F): 2200 - 0800. Night shift (Weekend): 2000 - 0800. Nice few days off between weekday then weekend nights within one fortnight.

How many hours per fortnight (generally)? Reliably 40hr weeks.



How do you access the roster? Google document is sent out at the start of term and updated regularly. Also on a big TV screen in the anaesthesia office

How do you request leave? Discuss with Melissa Guildenhuys (Melissa.Gildenhuys@sjog.org.au) and then send the leave form (e.g. L1 form if seconded from WA Health) to Linda Ewins (department secretary - Linda.Ewins@sjog.org.au).

Rotational Training

SSUs

Ophthalmology and obstetrics can be signed off.

VOP-wise, some general surgery, paeds (minimal), orthopaedic, and APS can be achieved.

WBAs

Consultants are happy to help out with DOPS, CbD and Mini-Cex if you are proactive.

Scholar role, QI/QA, Research

Scholar role supervisor is David Hamilton. You can achieve 'Teach a skill' or 'Appraise a paper' during registrar teaching. Presentation at the departmental meeting for 'Appraise a paper' is also possible.

Audit supervisor is Duncan Bunning.

Rotation tips

A very welcoming department with consultants who are willing to help out and teach.

Patient notes, including anaesthesia charts from PAC can be accessed online via Infomedix-West.

Patient bloods are found on the 'Cis' program.

You can pre-order your medication for the following days list by emailing midland.preorder@sjog.org.au This makes it faster to collect drugs in the morning.

Fellowships, specialist terms and teaching for fellows

N/A



Pain Medicine

Key Contacts

Director of Training

Dr Raj Menon

Heads of Department (HoDs)

SCGH: Dr Raj Menon

RPH: Dr Donald Johnson

PainScience (Joondulup)

Professor Michael Veltman

Overview

Fellowship of the Faculty of Pain Medicine (FPM) requires successful completion of a 2-year training program:

The first year is in an accredited unit – in WA this is run as a rotational program. This year can also count as your ANZCA PFY year, so you can overlap the training programs.

- The second year can be done in an unaccredited unit
- 24 WBAs over the course of training
- 2 Observed Long Case Examinations
- A fellowship exam – SAQs and Vivas
- One written casestudy

Why do pain medicine?

- Primary decision making and continuity of patient care
- Opportunity for procedural work
- Option to set up your own private practice and run it how you'd like it



- Non-urgent outpatient-based care, rather than acute presentations
- Ability to develop ongoing, longer term relationships with patients
- Rewarding career, where patients are very grateful for your input
- Evolving clinical field, new technologies and treatments are coming onto the market every year.
- Exposure to other Specialties during training (Palliative Care, Psychiatry, Rehabilitation and Addiction Medicine)
- Lifestyle – Daytime clinics with no after hours requirements during fellowship and beyond. Work hours between 8am – 4pm. Opportunity for part time work.
- Great employment prospects post fellowship in both the public and private sectors

How to get into pain medicine training in WA

You will need to get onto the rotational training program to complete your first year of training.

- These Fellowship positions are usually advertised on the www.jobs.health.wa.gov.au website sometime after June/July.
- If you are interested in training it is best to make contact with the Heads of Department or Director of Training early so they can give you some idea of when to check the website.

There is rising interest in Pain Medicine non- Anaesthetic trainees so competition for Fellowship jobs is increasing. Improve your chances by expressing your interest early.

What is the training like?

First Year

- MUST be in an FPM accredited unit – at present only available in WA through the Pain Rotational Program
- Half the year at SCGH/ RPH or JHC
- Workload usually consists of clinics, ward consults, and procedure lists
- Work hours 8am- 4pm with a rostered half day off.



- There is no requirement to work weekends, evenings or nights
- At present ANZCA does not require that you do ANY clinical Anaesthesia (even if doing this as an ANZCAPFY). Anaesthetic departments are very happy to accommodate weekend anaesthetic shifts if you want to keep your skills up/earn some extra cash.

Second Year

- Can be done in the public or private system.
- Options include working in
 - Pain Medicine
 - Addiction Medicine
 - Psychiatry
 - Rehabilitation Medicine
 - Palliative Care
- Option to complete extra training in Interventional Pain Medicine available through SCGH
- FPM is reasonably flexible about how you spend this, however college approval is required prior to commencing, so best to get these jobs sorted earlier rather than later.

