Applications

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| [CAM21247](https://jobs.health.nsw.gov.au/JMO-ex/jobs/trainee-unaccredited-position-258728) | Trainee - Unaccredited Position | Liverpool Hospital |  |

# CAM21247 - Liverpool Hospital, SWSLHD

Emergency Medicine - Unaccredited Trainee - Liverpool Hospital, SWSLHD

### Requirements

* MBBS or equivalent, currently registered or eligible for registration with the Medical Board of Australia.
* Completion of at least three postgraduate years and working towards membership of ACEM.
* A minimum of 6 months experience in an Australian Emergency Department or equivalent experience
* Demonstrated ability to work independently in a supervised environment and work effectively as part of a multidisciplinary team.
* Effective oral and written communication skills and demonstrated good organizational and time management skills.
* Evidence of continued professional development and commitment to self-education.
* Ability and willingness to work at the facilities within the Network to deliver patient care and preparedness and ability to participate in a 24 hour shift work roster.
* Demonstrated commitment to quality improvement, patient safety and risk management.

# Response Pool

### Minimum of 12 months experience working as a Medical Officer (not observer), with proven recent clinical ward experience.

My experience combines 15+ years working as a Senior Registrar in Intensive Care and over 5+ years working as a Senior Registrar in Emergency until December 2021 in Brazil, when I returned to stay with my family in Australia. I have also completed a monthly observership program at the Emergency Department at the West Gippsland Hospital in Victoria, Australia.

Since June 2024, I have been working in Brazil in both an ICU and an ED, therefore meeting the recency of practice standard of the Medical Board of Australia.

### Demonstrated excellent computer and communication skills (written and verbal), ability to document accurate and legible clinical records and provide clear information/directions to peers and patients.

Throughout my years of experience in emergency medicine and intensive care, I have:

* maintained detailed and accurate medical records for my patients,
* managed and discussed patients’ treatments with multi-disciplinary colleagues,
* coordinated patients' transfers to other facilities when needed, and
* communicated with patients' families on treatment plans, prognosis, updates and discharge instructions.

### Demonstrated ability to work effectively as part of a multidisciplinary team.

Throughout my years of experience in emergency medicine and intensive care, I have routinely:

* managed and discussed the treatment of patients in collaboration with multi-disciplinary colleagues (including nurses, specialists, and paramedics),
* supervised training doctors,
* coordinated patients' transfers to other facilities when needed.

### Demonstrated ability to work independently within a supervised complex clinical environment.

Throughout my years of experience in emergency medicine and intensive care, I have routinely:

* attended to patients with varied clinical, psychiatric or gynaecological conditions,
* provided immediate care to stabilise critically ill patients, and performed emergency and lifesaving procedures when necessary,
* managed and discussed the treatment of patients in collaboration with multi-disciplinary colleagues (including nurses, specialists, and paramedics),
* supervised training doctors,
* coordinated patients' transfers to other facilities when needed.

### A professional attitude and flexibility in work role with a preparedness to participate in after-hours duty and on-call rosters.

I have worked in a large variety of hospitals both public and private, from secondary regional hospitals to the largest hospital specialising in oncological diseases in Latin America during the height of the pandemic.

As an emergency medicine registrar and intensive care registrar in an array of hospitals, I had to adapt to rapid changes once the COVID-19 pandemic arrived while taking care of dozens of beds and being this whole time away from my family, all of whom were in Australia.

It took a lot of resilience, compassion and respect for patients for me to persevere for roughly two years in these conditions. However, my deep commitment to patients kept me energised through it all, even though my life was often on the line as I directly performed the most high-risk procedures on COVID-19 patients in the ED and ICU departments, such as intubation.

Moreover, I took the situation as an opportunity to scale up my organisational and time management skills. While I continued teaching and supervising junior doctors, I also collaborated with and kindly guided numerous medical staff from different hospitals and medical professionals not commonly working in the ED and ICU, who were helping the hospitals treat an unprecedented number of patients.

Overall, my actions during the pandemic showed my initiative, ability to learn, resilience, unbreakable commitment to patient well-being, and deep respect for my colleagues and patients’ families.

### Demonstrated organisational and time management skills.

I have worked in a wide variety of hospitals both private and public, from secondary regional hospitals to the largest hospital specialising in oncological diseases in Latin America. The work in Emergency Medicine, in particular, requires constant balancing of multiple patients and simultaneous tasks in a fast-paced environment to ensure effective and efficient patient care.

However, the COVID-19 pandemic provided me with an exceptional opportunity to improve my organisational and time management skills substantially.

In order to adapt to the rapid changes, I had to quickly expand my responsibility to manage the treatment of many more inpatients, directly performing the most high-risk invasive procedures. Furthermore, throughout those 2 years, I continued teaching and supervising junior doctors, collaborated with and kindly guided numerous medical staff from different hospitals and medical professionals not commonly working in the ED and ICU, who helped the hospitals treat an unprecedented number of patients.

### Evidence of continued professional development and commitment to self-education.

I have consistently invested in my professional development after my graduation in Medicine and my residency in Cardio-Vascular surgery with the following:

* Completed the “Advanced Cardiovascular Life Support” (ACLS) course provided by the American Heart Association (AHA).
* Completed the “Advanced Trauma Life Support” (ATLS) course provided by the American College of Surgeons (ACS).
* Completed the “Mechanical Ventilation” course provided by the Albert Einstein Hospital, Brazil.
* Currently taking the professional update courses on “Emergency Medicine” and “Intensive Care” provided by the “Hospital das Clínicas” (the largest hospital in Latin America with more than 1.5 million ambulatory consultations per year, more than 232,000 emergency room visits per year, and more than 50,000 surgeries per year) at the University of São Paulo.
* In Australia, my CPD home is the RACGP.

### Ability and willingness to work at the facilities within the Network to deliver patient care and preparedness and ability to participate in a 24-hour shift work roster.

I would have no difficulty adapting since I am already used to working under these conditions. My professional experience combines years of working in central urban and peripheral areas, mostly in 24-hour shift work rosters.

### Demonstrated commitment to quality improvement, patient safety and risk management.

The commitment to patient safety, risk management, and overall service quality underpins the daily routine in the hospitals where I have worked most of my career. This commitment translates to an attitude of full respect for our patients and colleagues, as well as consistent training and adherence to processes and methods that were institutionalised for this purpose.

Additionally, we systematically analyse our environment, work, and patients’ results, searching for new opportunities for improvement. These opportunities are usually first mentioned as observations or ideas in our daily meetings, which focus on discussing and managing the treatment of all inpatients. At the end of each fortnight, we have a special meeting to discuss new improvement opportunities, design appropriate improvement experiments, and evaluate the experiments underway. The changes that prove effective via experiments are then incorporated into our revised processes and methods.

### Completion of at least three postgraduate years and working towards membership of ACEM.

I have completed a 4-year postgraduate residency program and have since worked for several years in Emergency in Brazil. Considering the volume and mix of patients, the support to trainees and the quality of the educational programs, I am sure working at the Liverpool Hospital will provide me with a fantastic push towards my membership in the ACEM and I'm fully determined to leverage this opportunity.

Having worked in a wide variety of hospitals, both private and public, from secondary regional hospitals to the largest hospital specialising in oncological diseases in Latin America, I have routinely:

* maintained detailed and accurate medical records for my patients,
* managed and discussed patients' treatments with multi-disciplinary colleagues,
* coordinated patients' transfers to other facilities when needed, and
* communicated with patients' families on treatment plans, prognosis, updates and discharge instructions.

However, the COVID-19 pandemic provided me with an exceptional opportunity to substantially improve my communication skills to face the unprecedented scale and intensity of the work.

On the one hand, I had to quickly expand my responsibility to manage the treatment of many more inpatients while collaborating with and kindly guiding numerous medical staff from different hospitals and specialties who helped the hospitals treat an unprecedented number of patients. On the other hand, the severity and fatality of the disease required delicate conversations with a large number of dramatically impacted families.

I think respectful, clear and effective communication was the cornerstone of all that work. As a professional and human being, I feel very proud to have played a key role in this whole process for each one of the teams I worked with.

As I can learn from the Clinical Services Plan 2023-2028, the Central Coast community are at "higher risk of suffering from poor health outcomes with greater proportions of residents suffering from chronic disease, engaging in lifestyle risk factors, or experiencing higher levels of socioeconomic disadvantage."

The socioeconomic disadvantage includes disability, assault and domestic violence and children and young people at significant risk of harm. These difficulties are compounded by the challenges in travelling to health care services because of relatively limited public transport and car ownership.

I can directly relate to most of these challenges since I grew up in a remote rural area in Bosnia and Herzegovina and I have dedicated most of my work as a doctor to attending to patients with socioeconomic disadvantages living in peripheral areas of big cities in Brazil.

I am very happy to see strategic investments that not only amplify the health system's capacity but also foster a clearer understanding of the community's specific challenges and innovative and alternative services and partnerships that will optimise the system's reach and effectiveness where it matters most.

I'm really keen on joining this effort as it deeply resonates with the mission that was first impressed on me by my father (a shepherd) when he told me I would go to the big city and become the doctor that was missing for our family and our community.

Career Medical Officer, Griffith Base Hospital (Job Number: REQ513323)

Answers to the Questionnaire

## Advanced ability to work effectively as part of a multi-disciplinary team in the planning, delivery and coordination of patient care.

I have extensive experience as a senior ICU and ED registrar in various hospitals, where I have routinely worked in multidisciplinary teams to plan, coordinate, and deliver patient care. Although I have observed some variations, the essential aspects of this collaboration are:

- Daily rounds, during which the team discusses the patient's status, assesses for complications and adjusts the treatment plan as necessary.

- Shared decision-making, working closely with the patient and family and involving them in discussions about treatment options, goals of care, and rehabilitation plans.

- Open and effective communication among team members.

The treatment of a patient with a ruptured brain aneurysm who is admitted to the ICU following emergency neurosurgery represents a good example of this type of collaboration. As the ICU doctor, I manage the patient's critical care needs, focusing on maintaining stable vital signs, monitoring for bleeding or swelling, supporting brain function, and preventing further complications.

The neurosurgeon provides ongoing expertise on the patient's neurological condition, interprets imaging studies and makes decisions about ongoing brain function monitoring, imaging, and any additional surgical needs.

The neurologist assesses the patient's neurological function regularly to track recovery, identify deficits, and recommend interventions to optimise recovery.

The respiratory therapist manages mechanical ventilation for intubated patients, ensuring proper oxygenation and ventilation.

Critical care nurses provide continuous bedside care, closely monitor neurological assessments, administer medications, and report any changes in the patient's condition to the team.

The pharmacist optimises medication management, including antibiotics, pain management, and sedatives, ensuring there are no harmful drug interactions that could compromise recovery.

**The dietitian a**ssesses the patient's nutritional needs and develops a plan to optimise nutritional support, which is crucial for brain healing and recovery.

Once the patient is stable enough, the physical therapist assesses the patient's mobility and develops a plan to prevent complications such as muscle weakness, contractures, pressure ulcers, and respiratory complications.

We may also have a social worker and a psychologist to provide emotional support to the patient and family and facilitate discussions around care planning, the patient’s needs post-ICU discharge, and potential long-term rehabilitation.

After ICU discharge, we also have speech and occupational therapists to treat eventual speech or swallowing difficulties and help the patient regain independence in daily activities.

I understand work structures and styles vary across countries and workplaces, and I am keen to learn and adapt to the Australian professional culture and medical system.

## MBBS or equivalent, currently registered with the Medical Board of Australia in an appropriate registration category with at least three years experience in a Public Health setting.

I have extensive experience in public health in Brazil and am eligible for limited registration with the Medical Board of Australia.

## Advanced written and verbal communication skills and ability to communicate effectively and respectfully with patients, family members and other members of the health care team.

Having worked in a wide variety of hospitals, both private and public, from secondary regional hospitals to the largest hospital specialising in oncological diseases in Latin America, I have routinely:

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Respectful, clear, and effective communication was the cornerstone of all that work. As a professional and human being, I feel very proud to have played a key role in this process for each of the teams I worked with.

## Advanced organisational and time management skills and ability to manage competing priorities in a complex environment.

The practical experience of working extensively in a wide variety of hospitals was quite instrumental in the development of my time management skills. The work in Emergency Medicine, in particular, requires constant balancing of multiple patients and simultaneous tasks in a fast-paced environment to ensure effective and efficient patient care.

However, the COVID-19 pandemic in the second-most affected country in the world provided me with an exceptional opportunity to improve my organisational and time management skills substantially.

In order to adapt to the rapid changes, I had to quickly expand my responsibility to manage the treatment of many more inpatients, directly performing the most high-risk invasive procedures. Furthermore, throughout those 2 years, I continued teaching and supervising junior doctors, collaborated with and kindly guided numerous medical staff from different hospitals and medical professionals not commonly working in the ED and ICU, who helped the hospitals treat an unprecedented number of patients.

## Demonstrated commitment to quality improvement, patient safety and risk management.

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