

This is part 2 (of 3) of your eOrientation program. It comprises a checklist to help navigate you to Monash Health - your units have allocated time each week for you to complete this.



Welcome to being part of the Monash Doctors' family!

The Monash Doctors Workforce (MDW) Unit is comprised of 2 teams:

- Monash Doctors Operations, and
- Monash Doctors Recruitment and Credentialing

Our goal is to facilitate all administrative matters relating to your employment at Monash Health, but more importantly, we want to support your career progression at Monash Health, and for you to feel proud to call yourself a Monash Doctor. There is no shortage of research, teaching and career progression opportunities here at Monash Health, please reach out to me or my team should you wish to find out more.

Below you will find more detail regarding various administrative matters such as term allocations, rosters and timesheets, paging systems, leave requests, mandatory training and much more: [link](#)

**Contact details:**

Director Medical Services Dr Jason Goh (Workforce): 0455 259 607

Director Medical Services Dr Anand Ponniraivan (Patient Experience and Strategy): 03 9594 3652

Rosemary McKemmish (Wellbeing Officer): 0427 409 310

Chief Registrars – contact detail can be found [here](#) ([www.monashdoctors.org](http://www.monashdoctors.org))

HR Advice: 03 9265 2724,

COVID hotline: 03 8572 5610,

EAP: 1300 687 327,

Monash Doctors Workforce (MDW): 03 9594 2547

Kind Regards,

Dr Jason Goh

**Director, Monash Doctors Workforce**

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## Orientation Resources for this week:



## Employment and Wellbeing Key Contacts

Monash health functions on the iCARE values (Integrity, Compassion, Accountability, Respect, Excellence). To learn about our values, complete the iBelong module on [Latte](#)

Health and Wellbeing supports are available for all Monash Health employee, including Employee Assist Program (EAP). You can access the many resource links [here](#)

MDE and MDW have a key role in supporting Junior Medical Staff. Rosemary McKemmish is the MDW wellbeing officer who you can contact if you need support. Rosemary can be contacted via 0427409310 - [click on this link to see Rosemary and understand her role.](#)

MDW also have a HMO coordinator (Ms Emma Nyhof) who can also be contacted for all matters relating to the General HMOs [monashdoctors\\_generalstreamsupport@monashhealth.org](mailto:monashdoctors_generalstreamsupport@monashhealth.org)

Donna Fisher is the key contact person for Surgical pre-vocational doctors who provides a single point of contact for surgical JMS to support professional development, career progression and well-being. In consultation with the Surgical Program, surgical units and Monash Doctors Workforce is

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responsible for surgical HMO recruitment, annual rotation plan, annual leave planning and development of unit rosters. [Donna.Fisher@monashhealth.org](mailto:Donna.Fisher@monashhealth.org)

Tonina Hore is the key contact for Basic Physician Training [Tonina.Hore@monashhealth.org](mailto:Tonina.Hore@monashhealth.org)

**MDE also provides support for JMS via the Medical Education Officer's, Shayne Magee (0419152948), Karen Yates (0418529045) and Danielle Fone (0409692052).** To listen to a short video from Shayne Magee click [here](#) and for Karen Yates, click [here](#).

## Consultant Led Clinical Care

Consultants retain overall responsibility for the clinical care provided to all patients at Monash Health. Consultant lead clinical care implies key clinical decisions about a patient's care are **overseen** by a specialist and a specialist is accessible, available, approachable and accountable to review or attend to a patient in person or remotely **as per clinical need**. The Consultant will not necessarily be physically present for each decision but takes clinical responsibility for the outcomes of each patient under their care.

The [Consultant Lead Clinical Care: A Framework for Consultant presence and Senior decision making](#) outlines the principles of consultant led care, medical leadership accountability for consultant led care and the systems and processes expected at a unit level to enable consultant oversight and decision making for safe and high-quality care.

### Principles of consultant led care

- The consultant on ward service/on call is responsible for all decisions about the care of the patient during the service period
- The operating proceduralist (surgeon, physician, radiologist) is responsible for the pre and post-operative care of the patients operated on their lists
- Junior Medical Staff are supervised by a consultant and work within the scope of practice appropriate for their level of experience and competence
- Junior Medical Staff have access to a consultant at all hours of the day to discuss clinical concerns
- Junior Medical Staff are aware of criteria for escalation to a consultant and encouraged, supported and rewarded for escalating concerns

The framework aims to capture the level of senior decision making at the five touch points during a patient's inpatient stay:

- **Admission:** All patients are reviewed by a consultant within 24 hours or earlier as clinically needed.
- **Ward Rounds:** All patients are reviewed each day by a Consultant, with a management plan and estimated discharge date documented in the patient notes. Subacute may be reviewed 1-2 times a week.

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- **Escalation of Care:** All patients who experience any lack of progression of care, clinical deterioration, serious adverse events, family or interdisciplinary conflict are discussed and/or reviewed with a Consultant.
- **Transfers:** All patients have input/review by a Consultant prior to transfer to another unit, site or external health service.
- **Discharge:** All patients have input/review by a Consultant prior to discharge.

## Emergency Department right to admit

The ED consultant (or most senior ED registrar) has the responsibility and authority to determine:-

1. If a patient in ED requires inpatient admission to an inpatient bed
2. The most appropriate unit to admit the patient to, using the information available at that point in time

For patients with a clearly defined clinical syndrome, and for whom the ED Physician or most senior registrar is reasonably certain as to the most appropriate inpatient unit, only one referral to an inpatient unit is to be made by ED requesting acceptance, and the inpatient unit is obliged to accept the referral and to refer on to another unit if needed after assessing the patient.

When there is uncertainty as to the most appropriate inpatient unit, discussion should occur between the ED consultant or most senior registrar and the inpatient unit/s consultant or registrar with the intent of mutually agreeing on the appropriate inpatient unit for admission. If, after discussion, agreement cannot be reached, the ED consultant has the authority to determine which inpatient the unit will be admitted under. No patient will be sent to the ward in these circumstances without discussion with the inpatient unit consultant on call.

Patients should be admitted to a surgical unit if the provisional diagnosis is surgical with general surgery selected in cases of undifferentiated abdominal pain except in the case of acute on chronic abdominal pain where the patient is known to another unit. Patients admitted with post-operative complications should be admitted to the operating unit.

**Please read the following key policies regarding admission.**

[Prioritising patient care Emergency Department Admissions](#)

[Prioritising patient care initial investigation pathways](#)

## Victorian Heart Hospital

Monash Health began to see patients at the Victorian Heart Hospital from the 23rd of February 2023.

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As the first dedicated cardiac facility in Australia, the VHH will deliver a connected cardiac care system that will significantly improve the health outcomes for all Victorians with, or at risk of heart disease.

There are tailored orientation packages to prepare new starters and those moving into the facility for some of the features of the VHH. These include a unique model of care, some new EMR functionality, and patient-facing technology not found at other Monash Health sites.

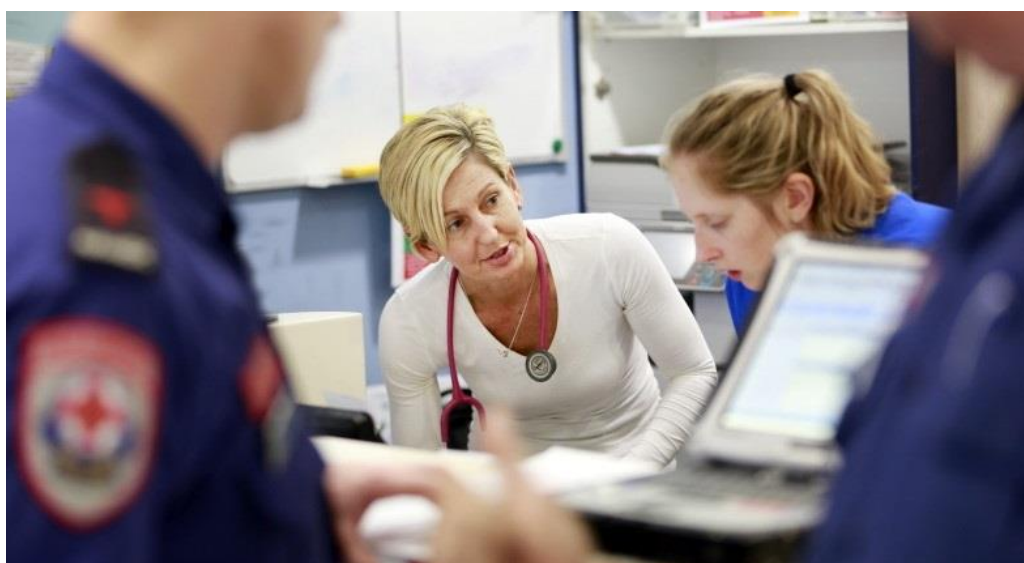
To find out more please visit [the Victorian Heart Hospital SharePoint Site](#).

## Communication Essentials

### Email

Key information for all staff is communicated via the CEO updates that are typically emailed out on Fridays.

Key information for all doctors is published in the weekly CMO newsletter.



### Teams

Microsoft Teams is the platform of choice for all Monash Health meetings, file sharing, and instant messaging needs. Make sure you download teams to you smart phone and log in with your credentials. [Learn more about setting up Microsoft Teams here](#)

### Baret: Role-Based Communication

Baret is an app in Microsoft Teams; and it facilitates some of the communication for doctors, pathology and radiology instead of paging at Monash Health. In late 2023, it was rolled out to all other hospital areas.

Baret allows you to:

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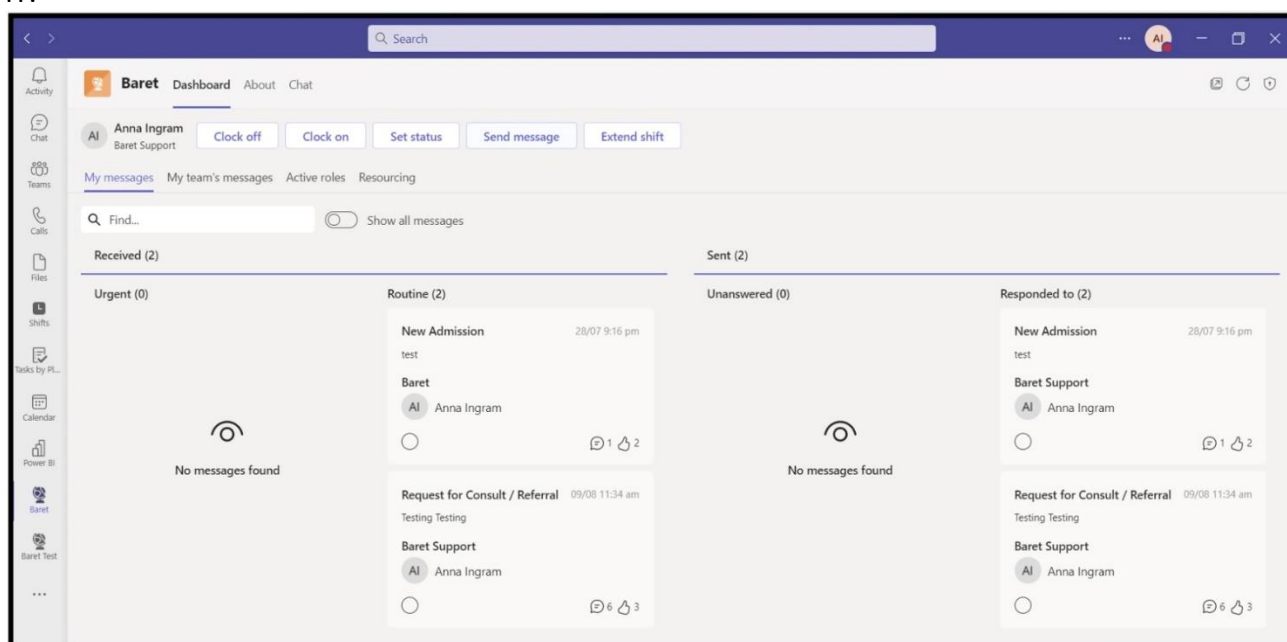
- See an active directory of doctors in what roles available - not tied to rosters or personal phone numbers
- Clock on and off roles at the times when you actually work
- Send messages two way; send images securely.
- Call or convert a message to a call easily

Registrars, HMOs and Interns clock on to Baret at the start of their shift - to the appropriate 'Inpatient Team' Role (when covering inpatients) and/or Admission/Consult Role (if receiving referrals). Please Remember:

- Baret is **not** for emergency communication/medical record documentation
- Messaging in Baret should not replace required phone calls. E.g.: if a registrar is only available via phone call (after hours, on call) then they remain contactable via contact centre.
- Yes- you still need to carry your pager to receive comms from other disciplines and emergency communication (ie Met call and Code Blue) but not for much longer!

We strongly recommend you review the [Baret Knowledge Hub](#) or by searching 'Baret' in Latte to learn more before using Baret.

Any issues using or with the Baret set up, please email [baret@monashhealth.org](mailto:baret@monashhealth.org) or log a ticket with IT.



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### National Standards Training

You must complete training as part of your orientation. All training is undertaken via [Latte/Monash eLearning](#) with both online and in person training. You need to complete all required training at Monash Health within 1 month of starting. When you log into your Latte account, you will see a list of the modules that you need to complete.

For any Questions please email: [mededucation@monashhealth.org](mailto:mededucation@monashhealth.org)

A full summary of all resources contained in these eOrientation emails can be found at:

<https://monashdoctors.org/all-doctors-orientation/>

To access our website, visit [Monash Doctors website](#).

Monash Doctors website password: MonashDoctors (*case sensitive*)

Any feedback about this eOrientation would be welcome - this is a new initiative:

[mededucation@monashhealth.org](mailto:mededucation@monashhealth.org)