

**WELLINGTON HOSPITAL
INTENSIVE CARE SERVICES**

RUN DESCRIPTION

POSITION Registrar - Intensive Care Services WELLINGTON

Level 3 Intensive Care Unit and Level 5 High Dependency Unit in Wellington Regional Hospital, and all areas where aspects of intensive care medicine are practised or where clinical advice is sought.

Main duties are to be performed in the ICU or HDU with additional duties including:

- Cardiac Arrest/Medical Emergency Team.
- Trauma Team call outs to ED
- Inter-hospital patient transports with the Wellington Aeromedical Retrieval Service
- Assessment resuscitation and further treatment of critically ill patients referred to the Service.
- Provision of specialised services e.g. CV cannulation, airway management.

RUN PERIOD

6 months or 12 months

RUN RECOGNITION

Registrar positions are recognised as training positions for the following Australasian Colleges: College of Anaesthetists (ANZCA), College of Intensive Care Medicine (CICM), College of Physicians (RACP), College of Surgeons (RACS) and College of Emergency Medicine (ACEM).

All requirements specified by the Colleges regarding supervision, assistance, equipment, monitoring and other standards are to apply.

Intensive care training is only recognised by prior registration of training with the appropriate College, including CICM Core intensive care training.

College of Intensive Care Medicine (CICM) policy documents are available for reference.

RESPONSIBLE TO:

Professional and Line responsibility to the Clinical Leader.

CLINICAL RESPONSIBILITIES and WORK SCHEDULES

Refer Schedule One for specific timetabled events.

PATIENT CARE and SERVICE DELIVERY RESPONSIBILITIES

Patient care within the service is to be shared amongst the Registrars on duty for that day.

Under the supervision of the Intensive Care Services Specialist and Fellow or Senior Registrar, clinical responsibilities include:

- Assessment and treatment of all patients within ICU and HDU.
- Coordinating the treatment and assessment provided by other medical teams attending the patient in the ICU or HDU.
- Assessment and treatment of patients referred to Intensive Care Services medical staff by the patient's primary physician.
- Attendance, assessment and treatment of patients suffering medical and surgical emergencies (Cardiac Arrest and Trauma Team call outs).
- Patient retrievals from other hospitals. There may be a requirement to do patient transfers between hospitals other than Capital & Coast. Escorting of patients shall be by agreement between the RMO and the employer.
- Interviews and meetings with the next of kin of patients as appropriate.
- Attendance at education activities as provided by the Service
- Assessment, recruitment and consent of patients involved in clinical trials being undertaken in the Intensive Care Unit

PROVISIONS FOR TRAINING and EDUCATION

Adequate provisions are made for training for:

1. Fellowship of ANZCA
2. Fellowship of CICM
3. Fellowship of RACP
4. Fellowship of RACS
5. Fellowship of ACEM

Ongoing education, development and the maintenance of skills will include:

- Provision of adequate degree of supervision for clinical duties
- Clinically orientated teaching
- Specific Registrar teaching
- Weekly Service audit and review meetings
- Four hours of education will be available per week as defined in the RDA contract. This includes a regular three hour dedicated registrar teaching session and optional Service QA and case reflection sessions. There is provision within the roster for registrars to be paid for 3 hours each Thursday (if not already rostered on) to attend the compulsory Thursday registrar teaching programme.

Training requirements and opportunities include:

Registrar Teaching Program	Thursday	12:00 – 14:00 or 15:00
Case reflection sessions	Every second Monday	13:00 – 14:00
Mortality Meeting and ICU Education	Friday	13:00 – 15:00
Paeds in-situ Simulation	Monthly on Wednesday	13:30 – 15:30

Attendance at teaching sessions of the Registrar's primary specialty may be possible depending on clinical workload.

Research and Review Activities

a) Research

Participation in and evaluation of research is considered an important aspect of registrar training and duties. This includes clinical trials and audit. Wellington Hospital Intensive Care Unit is involved in a number of major trials including multi-centred international trials, ANZICS Clinical Trials Group Trials and Medical Research Institute of New Zealand Trials. During your time at Wellington Intensive Care Unit you will be involved in clinical trials that will ultimately be published in high impact journals like the New England Journal of Medicine. This is a research unit and involvement in clinical trials is an important aspect of our work.

b) Review

Registrars will participate in the clinical audit/QA of Intensive Care Services involving:

- Weekly morbidity and mortality meetings.
- Assistance with documentation and information e.g, flight data, and bereavement follow up information.

PERFORMANCE APPRAISAL

This is a very important part of the run. Registrars will each have a dedicated SMO supervisor of training and can expect the following meetings;

- 1) An entry interview to discuss past experience, aims for this run and any areas of concern or potential difficulty within the first month
- 2) A formal mid run assessment and meeting with documentation after 3 months
- 3) An end of run formal assessment and meeting with documentation after 6 months

TRAINING, DEVELOPMENT AND SUPERVISION OF OTHER STAFF

Assist/participate as appropriate with the Service's in-service training programs and seminars.

SPECIALITY and SUB-SPECIALITY ROSTERS COVERED

The registrar participates in the Intensive Care Service roster. This roster comprises 19 registrars and 4 fellows / senior registrars, as well as 4 Wakefield / Wellington ICU registrars.

OTHER RESIDENT and SPECIALIST COVER

This run is covered by 15 Specialists and 4 Fellows or Senior Registrars.

REGISTRAR ROTATIONAL PATTERN

Week	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hours	Shifts
1	O	D	O	O	O	D	D		3
	0	13	0	3	0	13	13	42	
2	FN	FN	FN	FN	O	O	O		4
	0	0	0	3	0	0	0	3	
3	N	N	N	N	O	O	O		4
	13	13	13	13	0	0	0	52	
4	FD	D	D	D	O	O	O		4
	13	13	13	13	0	0	0	52	
5	R	R	R	R	R	R	R		
	0	0	0	3	0	0	0	43	
6	R	R	R	R	R	R	R		
	0	0	0	3	0	0	0	43	
7	O	O	O	D	FN	FN	FN		4
		0	0	13	0	0	0	13	
8	O	O	O	FD	D	D	D		4
	0	0	0	12	13	13	13	51	
9	O	O	HDUE	HDUE	HDUE	O	O		3
	0	0	8	11	8	0	0	27	
10	N	N	N	N	O	O	O		4
	13	13	13	13	0	0	0	52	
11	O	D	D	O	O	FD	FD		4
	0	13	13	3	0	12	12	53	
12	HDUE	HDUE	O	O	N	N	N		5
	8	8	0	3	13	13	13	58	
13	O	O	O	HDUD	HDUD	O	O		2
	0	0	0	8	8	0	0	16	
14	D	FD	D	O	FD	O	O		4
	13	12	13	3	12	0	0	53	
15	N	N	N	N	O	O	O		4
	13	13	13	13	0	0	0	52	
16	D	HDUD	HDUD	O	O	HDUW	HDUW		5
	13	8	8	3	0	13	13	58	
17	R	R	R	R	R	O	O		0
	0	0	0	3	0	0	0	43	
18	D	O	O	O	N	N	N		4
	13	0	0	3	13	13	13	55	
19	O	O	O	O	D	D	D		3
	0	0	0	3	13	13	13	42	
<i>Total shifts</i>								42.52632	61

HOURS OF WORK

This is a shift work roster. The following shifts are worked:

RMO					Hrs
	D = DAY	8:00	-	21:00	13
	FD = FLIGHT DAY	7:00	-	19:00	12
	N = NIGHT	20:00	-	9:00	13
	FN = FLIGHT NIGHT	19:00	-	7:00	0

RMO	HDUD = HDU Day	8:00	-	16:00	8
	HDUE= HDU Evening	15:00	-	23:00	8
	HDUW = HDU Weekend	8:00	-	21:00	13

RELIEF WEEKS

During relief weeks (Weeks 5, 6 and 17) registrars will provide cover for leave. They can only work a maximum of 5 shifts per week, therefore only 5 days (shifts) of leave from rostered duty will be granted per week. This will usually only be from one shift pattern unless there are exceptional circumstances (e.g. exam courses).

The relieving registrars will be given a minimum of 4 weeks' notice of any change to the rostered shifts. If the notice is less than 4 weeks you can decline to cover the leave request. If you accept you will be paid at additional rates for any hours outside Mon-Friday 8am -5pm.

It is preferred that leave not be requested when rostered to do the weekend Night Shifts because of the impact this has on covering leave requests for the following week.

If not rostered to cover leave the relieving registrars will not be required to be at work.

EXPECTED AVERAGE HOURS OF WORK PER WEEK

Registrars 42.5 average hours on duty + 4.4 hrs on call

Classification: Category F

In accordance with the RDA and STONZ SECA this run is paid as **Category C** (clause 8.1.5).

FLIGHT COVER

The intensive care service provides medical escorts for interhospital transfers. Cover is provided as follows and is designed to align with the Intensive Care Flight Nurse shifts

07:00 - 19:00	Flight day registrar. The shift is 7am to 7pm. If there is not a flight to do then the registrar will start work at 8am in the ICU and can leave the ICU at 5pm. When not busy performing interhospital transports, the flight day registrar will be expected to assist with clinical duties within the ICU - they will be the primary registrar responsible for MET calls and external referrals.
19:00 – 07:00	Flight night registrar on call. On call from home but will be called in for flights as required. Call back rates will apply when called in. Occasionally the flight night registrar may be called in to cover clinical work on the floor due to sickness of another registrar or to allow another registrar (who may be more suitably skilled) to leave the unit on a flight.

If the Flight Day registrar works beyond 7pm then we will pay any extra hours at additional pay rates.

Weekdays Evening overlap

For day flights that might finish after 7pm (e.g. start after 3pm) there is an option for the HDU evening or float evening registrar to undertake the flight. The Flight Day registrar will then remain in the ICU or HDU until 7pm. Depending on the expected return time of the evening registrar the on duty SMO may call in the Flight Night registrar to help cover the clinical work in the unit.

Not Flying

Flight duties are optional. If a registrar does not want to fly during the run this is can accommodated. They will be rostered to flight duties. During a flight day shift we will send another registrar from within the unit. If rostered to a flight night on call shift then they will come into the unit to work and we will send either the Evening or Night registrar on duty.

We expect a flight between 8am and 7pm to occur 75% of days.

We expect a flight between 7pm and midnight to occur two days out of three on call.

We expect a flight after midnight to occur once every three nights on call.

ANNUAL LEAVE

Please try to request your annual leave as a whole week rather than 1 or 2 days. A whole week is better for you. The relieving registrars should ideally provide cover from one shift pattern. If you take 1 days leave you may prevent other registrars from taking leave that week.

You must request each shift you want leave for. You will be not automatically be granted leave for weekends unless you request it, if you are rostered to work.

ORIENTATION

Orientation sessions are run daily for the first three days of the run (the timetable will be sent before the run commences). All registrars are expected to attend even if rostered off or on flight evenings. If not rostered on duty they are paid in addition to your roster. The sessions will cover administrative issues, clinical management, and flight orientation and will include some simulation sessions. We are very reluctant to allow leave in the first week of the run as you will miss this.

Schedule One:

Attendance at:

Daily	08:00	Handover meeting
	08:45 – 10:30	Ward Round
	16:00	Ward Round
	20:00	Handover meeting
	20:30	Ward Round (for night registrars only)
Monday – Friday	10:30	Radiology Meeting
Tuesday and Friday	11:00	ID paper round
Tuesday	15:00	MDT round
Thursday	12:00 – 14:00	General Teaching
	14:00 – 15:00	Additional teaching (simulation, echo review etc)
Friday	13:00 – 15:00	Mortality Meeting and Departmental Education

Addendum One:

Shift changes / “swaps”:

All proposed shift changes and shift swaps between registrars must be signed by both registrars. It will then be prior-approved by either Dr Jason Wright or Kelly McCausland (Administrative Coordinator). This protects both registrars from misunderstandings and allows us to ensure the changes do not compromise your safety.

8 Hour Break:

You may occasionally work beyond your shift or have a call back that would mean you would not have had an 8 hour break before your next rostered shift. If this situation occurs, it is **the registrar’s responsibility to ensure that the 8 hour break is taken** by starting their next shift later than usual. The expectation is that an 8 hour break will always be taken and we will not expect you back before this. This situation rarely occurs and is usually associated with a patient transfer or retrieval.

WELLINGTON ICU/HDU WEEKDAY MEDICAL STAFF ALLOCATION

DOCTOR	TIME									
	0800-0830	0830-1030	1030-1100	1100-1115	1100-1600	1600-1700	1700-2000	2000-2030	2030-2130	2130-0800
ICU RMO Night										
ICU RMO Night									Ward Round ICU	ICU Work, MET, Ward & ED Reviews
ICU SMO North		ICU ward round beds 8-16			Ward work North		Ward Work North			
ICU RMO Day						Handover & Ward Round (begins at bed 19 in South)		Handover, ICU Seminar Room		
ICU SMO Central		ICU ward round beds 1-7, 17-18			Ward work Central		Duty Intensivist	Handover, ICU Seminar Room	Ward Round ICU	Duty Intensivist
ICU Fellow										
ICU RMO Day			Radiology in meeting in Radiology Dept	Tue & Fri, ID meeting in ICU Fishbowl			Ward Work Central			
ICU SMO South		ICU ward round beds 19-24			Ward work South					
ICU RMO Day							Ward Work South	Handover, ICU Seminar Room		
HDU SMO									On call for HDU	On call for HDU
HDU RMO Day		HDU ward round beds 29-40			Ward work HDU	Ward Round HDU		ICU Handover via Zoom		
HDU RMO Night		Handover, HDU Meeting Room								
HDU RMO Evening							1500-2300 HDU Work	Handover, HDU Meeting Room	HDU Work, MET, Ward & ED Reviews	HDU Work
Duty Intensivist										
Flight RMO Day										
Flight RMO Night										Flight Night 1900-0700 On-Call
Wakefield Day RMO										
Wakefield Evening RMO										1400-2200 Float

Areas/roles divided by solid horizontal lines. Shift start/end times divided by solid vertical lines. Grey filled areas show that role is not active during those times. SMO Rest Day, Wakefield NCD, and SHO roles are not shown here.

WELLINGTON ICU/HDU WEEKEND & PUBLIC HOLIDAY MEDICAL STAFF ALLOCATION

DOCTOR	TIME						
	0800-0830	0830-1030	1100-1600	1700-2000	2000-2030	2030-2130	2130-0800
ICU RMO Night							ICU Work, MET, Ward & ED Reviews
ICU RMO Night							Ward Round ICU
ICU SMO DI*	Handover, ICU Seminar Room	ICU Ward Round North, Central, South	Duty Intensivist	Duty Intensivist	Handover, ICU Seminar Room		Duty Intensivist
ICU RMO Day							
ICU RMO Day							
ICU RMO Day							
HDU SMO**		HDU Ward Round	ICU Ward Round	On-Call to assist			
HDU RMO Day	Handover, HDU Meeting Room			HDU Ward Work			
HDU RMO Night					Handover, HDU Meeting Room		HDU Work
Flight RMO Day			Flight Day 0700-1900 On-Call. Work in ICU 0800-1700				
Flight RMO Night						Flight Night 1900-0700 On-Call	

Areas/roles divided by solid horizontal lines. Shift start/end times divided by solid vertical lines. Grey filled areas show that role is not active during those times.
 *ICU SMO Duty Intensivist (DI) role is for 24-hours & responsible for ICU/HDU oversight, external calls, in-hospital referrals, PAR & MET, & retrieval co-ordination.
 **HDU SMO role is for 24-hours but only resident until completion of the HDU & ICU ward-rounds. After this, they are on-call to assist at the request of the ICU SMO DI.
 During weekends or immediately consecutive public holidays, the DI & HDU SMO roles swap-over the next day