

**WELLINGTON REGIONAL HOSPITAL
INTENSIVE CARE SERVICES**



RUN DESCRIPTION

POSITIONS

ICU Registrar / Non Clinical Fellow (Wakefield and Wellington)

Four positions:

- **Research Fellow**
- **Trauma Fellow**
- **Simulation and Education Fellow**
- **Echocardiography Fellow**

LOCATIONS

- Intensive Care Unit, Wellington Regional Hospital and all areas where aspects of intensive care medicine are practiced or where clinical advice is sought
- Intensive Care Unit, Wakefield Hospital, and all areas in Wakefield Hospital where resident medical officer duties are practiced or where clinical advice is sought

RUN PERIOD

6 months or 12 months

RUN RECOGNITION

50% of time working in this position has been accredited for elective ICU training with the College of Intensive care medicine (CICM).

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

RESPONSIBLE TO:

Clinical Leader/s of the Intensive Care Unit at Wellington Regional Hospital and Wakefield Hospital.

PATIENT CARE and SERVICE DELIVERY RESPONSIBILITIES

1 Wellington Regional Hospital

A Research Fellow

The primary purpose of the Research Fellow is to begin to develop skills to be able to conduct independent research in the future or, at least, to be able to take part in multicentre randomised controlled trials as a site Principal Investigator. You will be provided with guidance by Prof Paul Young, ICU Research Director, as you take the initial steps towards developing a research proposal that could ultimately lead to a multicentre randomised controlled trial. These initial steps will include formulating a clinical question, designing and conducted preliminary studies including surveys, observational studies, reviews, and pilot studies that could inform the design of such a trial. You will also be exposed to an ICU where research is thoroughly embedded into clinical practice and will be involved in recruitment of patients into trials that are being conducted in the ICU.

The Research Fellow will also contribute to the functioning of the Wellington Regional Hospital Trauma Service, under the guidance of Dr James Moore, Clinical Leader (Trauma). This involves supporting the trauma nurse specialists when required, attendance at trauma calls, assisting with completion/delegation of tertiary surveys, liaising with members of the Trauma Service around patient care and assisting with database management.

B Trauma Fellow

The primary role of the Trauma Fellow is to provide clinical leadership and contribute to the functioning of the Wellington Regional Hospital Trauma Service, under the guidance of Dr James Moore, Clinical Leader (Trauma). This involves supporting the trauma nurse specialists when required, clinical rounds on inpatients, attendance at trauma calls, assisting with completion/delegation of tertiary surveys, liaising with members of the Trauma Service around patient care and assisting with database management. The Trauma Fellow will also coordinate the provision of care by the other Intensive Care Fellows.

C Simulation and Education Fellow

The primary responsibility of this position is to contribute to the development and functioning of the intensive care unit education and simulation programmes. More specifically:-

Simulation:

- Join the ICU simulation group and work with the MDT to develop simulation in the ICU
- Develop new simulations and assist with existing simulations including the following:-
 - Provide oversight of ICU departmental simulation programme, developing and running scenarios
 - ICU departmental simulation includes aeromedical SIM and a combined ED / ICU SIM
 - Medical School simulation – deteriorating ward and ED patients. Assist with debriefing
 - Monthly nursing staff core comp training SIM. Assist with debriefing
 - Paediatric emergency simulation. Allocate registrars to attend and assist with debriefing
- Opportunities to develop the role including working with other departments to provide MDT SIM
- Training in debriefing is available if not already done

Education

- Provide assistance and oversight of the ICU registrar education programme – co-ordination of weekly teaching sessions for registrars
- Clinical Lecturer role at Wellington School of Medicine, University of Otago. Teaching of final year students in the Emergency and Critical Care Module
- Take oversight of trainee interns doing 6 week elective placements in ICU. This will include providing orientation, moral support, mid run feedback and end of run feedback
- Instruct on CALS course – run 4x per year in ICU

D Echocardiography Fellow

The primary role of the Echocardiography Fellow is to provide leadership and education in the field of point of care ultrasound and critical care echocardiography and contribute to both the clinical application of ultrasound in the ICU and non-clinical improvements in service provision.

Specifically, the Echocardiography Fellow is expected to:-

- Have a special interest in critical care echocardiography and point of care ultrasound
- Perform hands-on clinical point of care ultrasound and echocardiography related duties when appropriate
- To progress towards formal qualification in critical care echocardiography (Diploma of Diagnostic Ultrasound (DDU), Critical Care (ASUM), or similar
- Spend time advancing skills with both transthoracic and transoesophageal echocardiography skills in both the Department of Cardiology and in the cardiothoracic operating theatres
- Contribute towards the ICU in-service teaching program including the 5 weekly echocardiography review sessions
- Contribute to research, audit and quality improvement activities around the use of echocardiography and point of care ultrasound in the Intensive Care Unit

In addition, all four fellow positions may occasionally be asked to help with providing clinical care to intensive care patients under the supervision of the Intensive Care Services Specialist, clinical responsibilities may include:-

- Intra-hospital transfer of patients within the hospital ie to radiology
- Provision of specialised procedures e.g. central cannulation, airway management
- Assessment and treatment of all patients within Intensive Care Services. Coordinating the treatment and assessment provided by other medical teams attending patients in the ICU
- Attendance, assessment and treatment of patients suffering medical and surgical emergencies (Medical Emergency Team and Trauma Team call outs)
- Inter-hospital transports. 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
- Take part in meetings and communicate with family/whanau/next of kin as appropriate to ensure they are kept informed
- Maintain a satisfactory standard of documentation in the files of patients
- Participate in the clinical audit/QA of Intensive Care Services involving database management
- Contributing to the functioning of the Wellington Regional Hospital Trauma Service, under the guidance of Dr James Moore, Clinical Leader (Trauma).

B Wakefield Hospital

Registrars working at Wakefield Hospital are expected to uphold the following values:-

Accountability: Take responsibility for actions, decisions and the delivery of outcomes.

Service: Take pride in delivering excellent service to doctors, patients and their families, colleagues and shareholders.

- Primary responsibility is to provide overnight and weekend day medical care to all patients receiving treatment in the Wakefield Hospital as required
- Expected to manage patient deterioration and resuscitation and liaise with the primary surgeon / anaesthetist / intensivist as required
- Liaise with the primary anaesthetist for any significant issues including severe pain or PONV not managed with current treatments
- There is an expectation to always document in the notes when a patient is reviewed
- Any prescriptions needed must be written and signed at the time. Verbal orders are not to be given when on site
- Registrars should ensure that their medical indemnity cover has an extension that provides for performing intensive care registrar and general ward RMO duties at Wakefield Hospital.

Downtime at Wakefield Hospital can be spent studying, quality improvement initiatives and progressing towards other forms of continued medical education.

Specific Code of Conduct (Wakefield)

The Registrar agrees to adhere to Evolution HealthCare Group Limited's relevant policies RMO Service Policy (attached) and Standards of Integrity and Conduct (attached). The Registrar understands that he/she will acquire personal, private and/or commercially-sensitive information, which is not public knowledge and which is obtained during the course of (or in connection with) his/her engagement with Evolution HealthCare Group Limited.

The Registrar should not disclose, publish, make use of directly or indirectly - both during and after the period of engagement - such personal, private and/or commercially-sensitive information to any other party, or to use such information for his/her own benefit. All personal, private and/or commercially-sensitive information is only to be used for its intended purpose.

In the event of a privacy breach, Registrars must notify Evolution Healthcare immediately.

PROVISIONS FOR TRAINING and EDUCATION

Adequate provisions are made for training for:-

1. Fellowship of ANZCA
2. Fellowship of CICM
3. Fellowship of ACEM

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

- Four hours of education will be available per week as defined in the RDA contract
 - Clinically orientated teaching and specific Registrar teaching
 - Simulation sessions
 - Weekly Service audit and review meetings

There is an expectation that with 41.75 rostered clinical hours, but category C pay, the Fellows have adequate paid non-clinical time that they should attend teaching when not rostered and not on leave or nights.

Training and education opportunities include:-

- Registrar Teaching Program Thursday 1200 - 1400
- Multidisciplinary Simulation Every other Thursday 1400 - 1530
- Mortality Meeting and Journal Club Friday 1300 - 1500
- Paeds in-situ Simulation 2nd Wednesday of month 1300 - 1500
- ECHO review sessions Monthly

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

Fellows may participate in the clinical audit/QA of Intensive Care Services involving and including weekly morbidity and mortality meetings, and morbidity and mortality meetings held at Wakefield Hospital. They also assist with database entry including APACHE data, flight data and bereavement follow up information.

TRAINING, DEVELOPMENT AND SUPERVISION OF OTHER STAFF

You will be expected to assist/participate as appropriate with the service's in-service training programs and seminars.

ROSTER

The Fellow participates in the combined Wellington Intensive Care Service and Wakefield Hospital roster. This roster comprises 4 registrars and runs alongside the Wellington Intensive Care Units' registrar roster which comprises 14 registrars and 4 senior registrars.

Below is the roster template. Wakefield shifts are highlighted in yellow. The remaining shifts are at Wellington Regional Hospital. During transport shifts the fellow will join the handover and be available for intra-hospital transports (sharing this duty with the Wellington ICU flight day registrar). When not required for transports they can work in their non-clinical fellow role or get involved clinically on the ward. Relieving shifts provide cover for annual leave at both Wakefield hospital and Wellington regional hospital Monday to Sunday. Although these are rostered Monday to Sunday it is very unlikely this would amount to working more than 4 shifts in a week. If not required to provide leave cover, these are spent doing evening shifts at Wellington hospital Monday to Friday performing the one of three roles depending on preference: transports, the non-clinical fellow role or getting involved with clinical duties.

	M	T	W	T	F	S	S	Hours
Week 1	WN	WN	WN	WN				52
Week 2	R	R	R	R	R	R	R	40 (average)
Week 3	T	T	NCD			WD	WD	50
Week 4			T	T	T			27
						Average	Hours	42.25

HOURS OF WORK

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

	On Duty	No. of Hours	
WN	Wakefield Nightshift	13	1900 to 0800

WD	Wakefield Weekend dayshift	11.5	0800 to 1930
T	Wellington transport dayshift	9	0800 to 1700
R	Relieving week/evening shift M-F	8 (average)	Relieving to cover Wakefield or Public or M-F evening shifts 1400 to 2200
NCD	Dedicated non-clinical day	9	0800-1700

EXPECTED AVERAGE HOURS OF WORK PER WEEK

Ordinary hours: 42.25 hrs (FTE 1.06)
 Classification: Category E

In accordance with the STONENZ/NZRDA/DHB collective agreement this run is paid as registrar **Category C**.

SPECIALIST COVER

This run is supervised by 15 Intensive Care Specialists.

ORIENTATION

Orientation sessions are run daily for the first three days of the run (the timetable will be sent out within two weeks of the run commencing). All fellows 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.

WORK SCHEDULES

Wellington Regional Hospital

Attendance is required at the following meetings when rostered to clinical duties:-

Daily	0800	Handover Meeting
	0845 – 1030	Ward Round
	1030	Radiology Meeting
	1600	Ward Round
	2100	Ward Round
Tuesday and Friday	1100	ID Paper Round
Wednesday	1300	MDT Meeting
Thursday	1200 – 0100	General Teaching
	1400 – 1530	Simulation (every other week)
	1400 – 1500	ECHO review session (~monthly)
Friday	1300 – 1500	Mortality Meeting and Journal Club

Wakefield Hospital

Daily	0800	Handover (Weekend only) then Hospital Round starting ICU
Nightly	1900	Hospital Round starting in ICU

PERFORMANCE APPRAISAL

Fellows will have:-

- An entry interview to discuss past experience, discuss aims for the run and any areas of concern or potential difficulty
- An informal meeting at about four weeks
- A formal mid-run assessment and meeting with documentation
- An end of run formal assessment and meeting with documentation