WELLINGTON HOSPITAL
INTENSIVE CARE SERVICES

RUN DESCRIPTION

WELLINGTON INTENSIVE CARE FELLOW
(SUITABLE FOR CICM TRANSITION YEAR TRAINEES)

We are one of New Zealand's leading Intensive Care Units, admitting around 1800 patients every year. Our new extension opened in 2018 taking us to 24 beds (currently 21 staffed beds). We provide tertiary Intensive Care services for a million people in the centre of New Zealand within a geographic radius of 300 kilometres. We manage a variety of patients including trauma, cardiothoracics, neurosurgical and paediatric patients. 30% of these are elective admissions and include 500 cardiothoracic patients. The median length of stay for patients is 38 hours, which reflects the acuity of those we admit, especially when electives are factored in. We ventilate 75% of admissions and have a mortality rate of approximately 10%.

EXPECTATIONS OF THE TRAINEE

The fellow is expected to be aware of and actively develop their practise in the documented CICM competency domains of medical expert, communicator, collaborator, manager, health advocate, scholar and professional, as outlined in the guideline T-26 'Objectives of training: the transition year'

The fellow must manage administration activities to fulfil their role – maintenance of medical registration, indemnity insurance and CICM membership/documentation.

The fellow must demonstrate cultural awareness, and practise in a non-judgemental, respectful way at all times.

To provide high quality care, there is an expectation that the fellow will have skills in, and be able to teach in the areas of assessment and management of the critically ill patient regardless of aetiology, techniques and procedures of organ support, good communication skills with staff, patients and families, and work/task management. They must also have a knowledge of required paperwork/administration in the unit and complete these, or direct completion as appropriate.

The fellow must be aware of their scope of practise/areas of weakness and seek advice when appropriate.

LOCATION

Level 3, Wellington Regional Hospital, and all areas where aspects of intensive care medicine are practised or where clinical advice is sought. There are 13 SMOs employed in the ICU, all of whom hold FCICM.

Main duties are to be performed in the Intensive Care Unit with additional duties including:

- Cardiac Arrest/Medical Emergency Team.
- Trauma Team call outs to ED
- Inter-hospital patient transports.
- 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

RESPONSIBLE TO:

Professional and Line responsibility to the Clinical Leader, but will be supervised by the CICM recognised Supervisor of Training.

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 RMOs on duty for that day. The fellow in their transition year will be expected to work at the level of a junior consultant, with varying amounts of supervision and independence of practise as expertise develops. Clinical supervison will be provided by every FCICM certified consultant in the unit. The proximity and nature of that supervision will change as the trainee develops, at a level deemed appropriate by the collective consultant body. It is expected the trainee will be capable of independent practise by the completion of their term.

Clinical responsibilities include:

- Assessment and treatment of all patients within Intensive Care Services. Delivering high quality patient centered care, including end of life care and organ donation facilitation
- Coordinating the treatment and assessment provided by other medical teams attending the patient in the ICU.
- Performance of practical procedures including but not limited to, intubation, lines insertion, tracheostomy, bronchoscopy and ECHO.
- Managing junior registrars in the performance of tasks/work flow, by the prioritisation and delegation of clinical tasks. Supervising junior registrars in practical and clinical tasks. Modifying management where appropriate.
- Attendance, assessment and treatment of patients at emergency call outs in the wider hospital (MET calls, cardiac arrest calls and Trauma Team call outs).
- Patient retrievals from other hospitals.
- Interviews and meetings with patients and / or their next of kin of patients as appropriate.
- Assessment, recruitment and consent of patients involved in clinical trials being undertaken in the Intensive Care Unit
- First-on-call duties as part of the consultant roster (supervision appropriate to abilities/experience) . Further details below.
- Working in conjunction with the ACNM (associate charge nurse manager) to manage unit capacity and triage referrals appropriately

PROVISIONS FOR TRAINING and EDUCATION

<u>Orientation</u>

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 RMOs are expected to attend even if rostered off or on flight evenings. If not rostered on duty they are paid as additional duties. The sessions will cover administrative issues, clinical management, and a comprehensive orientation to the flight service.

<u>Ongoing Education</u>

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

* Provision of adequate degree of supervision for clinical duties
* Clinically orientated teaching at the bedside
* ICU RMO teaching each week. This is protected teaching time (SMOs will cover clinical work to allow RMOs to attend). Attendance from home is expected if not rostered on (included in paid non clinical time as per RDA contract). See attached sample programme for details. The programme includes talks on common ICU topics, practical skills teaching, research updates and multi disciplinary simulation scenarios.
* ICU departmental education sessions each week. These meetings take place on a Friday afternoon and provide joint education to registrars, fellows and SMOs. The timetable rotates and includes monthly M and M meetings and monthly journal club as well as other topics of interest. There is a weekly case review session where all patients in the unit are discussed in details. All patient deaths, late night discharges, and ICU readmissions are audited weekly at this meeting.
* Hot case practice sessions take place weekly, and all ICU trainees are encouraged to attend regardless of how far out from their Part 2 exam they are.

A specific timetable of the training opportunities is given below:

RMO Teaching Program	Thursday	12:00 – 14:00
Multidisciplinary Simulation	Every other Thursday	14:00 -15:30
CICM Exam Hot Case Teaching	Friday	11:00 – 12:00
Departmental Education Session	Friday	13:00 – 15:00
Paeds in-situ Simulation	2nd Wednesday of each month	13:00 – 15:00 (two registrars allocated per month)

FORMAL SUPERVISION MEETINGS

Fellows will have;

1) An entry interview to discuss past experience, aims for this run and any areas of concern or potential difficulty.
2) An informal meeting at about four weeks.
3) A formal mid run assessment and meeting with documentation. This will occur every 3 months.
4) An end of run formal assessment and meeting with documentation.

It is expected that at the end of the term, the trainee will be eligible for completion of the FITA.

RESEARCH

Participation in and evaluation of research is considered an important aspect of RMO 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 their time at Wellington Intensive Care Unit fellows 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 the work. Fellows will be encouraged and supported to pursue their own research interests.

TRAINING, DEVELOPMENT AND SUPERVISION OF OTHER STAFF

Assist/participate as appropriate with the Service's in-service training programs and seminars. The fellow will be expected to assist with clinical supervision and informal teaching of registrars at all times while in the unit (whether on a fellow designated shift or not).

Fellows will be allocated a session in the ICU education programme during which they will be expected to present an education session on an ICU topic, and teach a practical skill. This session will be allocated at least every 6 months.

Wellington ICU hosts final year medical students from the University of Otago as part of their Emergency and Critical Care Module throughout the academic year. Informal clinical teaching of these students is expected, and there are opportunities for the fellow to be involved in the formal teaching programme for these students as well.

Wellington ICU holds fortnightly multidisciplinary simulation based learning sessions. The fellow will have the opportunity to join the departmental simulation interest group and assist in the delivery of these sessions, including facilitating the debrief of the scenario. Formal training in simulation debriefing will be provided.

There are weekly hot case practice sessions held in the ICU. It is expected that the fellow in the transition year role will be post Part 2 exam and will be able to assist with these sessions. There are 2 SMOs allocated to run these sessions also.

Wellington ICU runs the WICM (Wellington Intensive Care Medicine) Part 2 Exam course annually. The transition year fellow will be expected to assist as faculty on this course and may join the course organising committee.

ADMINISTRATION

- Involvement in interviews for registrar / intern positions
- Provide active support for consultants and acting up when required
- Management of department and planning of developments
- Attendance at weekly senior staff meetings

COLLEGE ACTIVITIES

- Attendance at CICM hospital inspections in the region
- Encouraged to attend the CICM management course if not already completed
- Conference leave is available and fellows will be encouraged to attend the CICM ASM or other conferences / courses of relevance.

QUALITY ASSURANCE

Fellows will participate in the quality assurance activities of Intensive Care Services involving:

- Weekly morbidity and mortality reviews with formal M and M meetings monthly
- Cardiothoracic morbidity and mortality meetings held 3 monthly
- Assistance with documentation and information e.g. APACHE data, flight data, bereavement follow up information.
- Participation in quality improvement and risk minimisation activities within the department
- Respond to patient and family requests for information or complaints.
- Potential for liason with HQSC leadership in the form of 2 current SMOs in this ICU who also hold leadership positions within this organisation
- Access to 25,000 patient ICU database for quality improvement and formal projects
- Clinical audit and improvement initiatives within the unit (recent examples include developing an ICU intubation checklist and updating the ICU drug manual).
- Rostered non clinical time is provided and it is expected that this can be used for quality improvement projects

- Liason with Quality and Safety Directorate and opportunity to be involved with investigation of serious adverse criteria (SAC) reportable events. Requires familiarity with Root Cause Analysis.

WELFARE

We take trainee welfare seriously and fellows are expected to check in on the welfare of more junior staff as well as ensuring their own welfare. We have zero tolerance for bullying, sexual harassment and discrimination and we encourage how fellows to call out and report this behaviour.

There is a mentoring programme within Wellington ICU. Fellows will be encouraged to sign up for this and develop a mentoring relationship with an SMO (this SMO will not be the same SMO who is their supervisor of training). This relationship is intended to provide additional collegial support and advice.

ROSTER

The fellow participates in the Intensive Care Service roster. There are 4 fellows and 14 registrars. On the roster below the fellow rotates between the fellow weeks F1 – 4. The average weekly hours are 42.3 hours on duty + 10 hours on call.

The Fellow is rostered to long days on call as well as the standard nights, long days and short days described below. During this LDOC shift they are rostered on duty in the unit from 0800 hrs to 2200hrs. They function at the level of an SMO with rostered SMO back up. The fellow will be assigned to the North End of the unit where they will have clinical responsibility for up to 9 patients during the daytime. They will be expected to lead the ward round on these patients and delegate tasks to registrars as appropriate. The rostered SMO will be present in the unit at all times 0800-1700 hrs and the fellow and SMO will usually discuss the patients together after the ward round.

After 1700hrs the fellow on the LDOC shift will take all calls from within the ICU and and the wider hospital, effectively functioning as the on call consultant. It is expected that they will do this from home for the majority of the evening. An SMO will also be rostered on and will be immediately available to assist or advise as needed. At 2100hrs the evening ward round takes place. This will be lead by the fellow on LDOC. An SMO may attend as needed or requested.

Following the LDOC shift the fellow is allocated a non clinical shift of 4 hours duration. It is expected that they will attend handover and then use this time to prepare and plan non clinical activites such as audits, education sessions and simulations. This time is flexible and can be used for rest and recovery in the event of a particularly busy LDOC shift the evening prior.

During Week 4 the Fellows will provide cover for leave (which may be from either the fellow or the registrar roster). 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).

HOURS OF WORK

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

		No. of Hours	On Duty	On Call
LD	Long Day	14	08:00 to 22:00	
SD	Short Day	9	08:00 to 17:00	
E	Evening	8	14:00 to 22:00	
N	Night	12	21:00 to 09:00	
FD	Flight Day	12	07:00 to 19:00	
FN	Flight Night	12 on call		19:00-07:00
O	Rostered off			
R	Relieving			
Fellow shifts:				
LDOC	Long Day On Call	14	08:00 to 22:00	22:00 to 08:00
NCD	Non Clinical Day	4	08:00 – 12:00	

Week	Mon	Tue	Wed	Thur		Fri		Sat	Sun	hrs
1	**N**	**N**	**N**	**N**		**O**		**O**	**O**	48
hrs	12	12	12	12		0		0	0	
2	**O**	**LD**	**FD**	**O**		**O**		**LD**	**LD**	54
	0	14	12	0		0		14	14	
3	**FN**	**FN**	**FN**	**O**		**O**		**O**	**O**	0
	0	0	0	0		0		0	0	
4	**LD**	**SD**	**LD**	**SD**		**O**		**O**	**O**	46
	14	9	14	9		0		0	0	
5	**R**	**R**	**R**	**R**		**R**		**R**	**R**	0
	0	0	0	0		0		0	0	
6	**R**	**R**	**R**	**R**		**R**		**R**	**R**	0
	0	0	0	0		0		0	0	
7	**O**	**O**	**O**	**FN**		**FN**		**FN**	**FN**	0
	0	0	0	0		0		0	0	
8	**O**	**O**	**O**	**FD**		**SD**		**LD**	**LD**	49
	0	0	0	12		9		14	14	
9	**O**	**O**	**LD**	**E**		**E**		**O**	**O**	30
	0	0	14	8		8		0	0	
10	**N**	**N**	**N**	**N**		**O**		**O**	**O**	48
	12	12	12	12		0		0	0	
11	**FD**	**LD**	**SD**	**O**		**O**		**FD**	**FD**	59
	12	14	9	0		0		12	12	
12	**E**	**E**	**O**	**O**		**N**		**N**	**N**	52
	8	8	0	0		12		12	12	
13	**O**	**O**	**O**	**LD**		**LD**		**O**	**O**	28
	0	0	0	14		14		0	0	
14	**LD**	**FD**	**E**	**O**		**FD**		**O**	**O**	46
	14	12	8	0		12		0	0	
F1	**O**	**O**	**LDOC**	**NCD**		**N**		**N**	**N**	54
	0	0	14	4		12		12	12	
F2	**O**	**O**	**O**	**LD**		**LD**		**O**	**O**	28
	0	0	0	14		14		0	0	
F3	**SD**	**LDOC**	**NCD**	**LDOC**		**NCD**		**O**	**O**	45
	9	14	4	14		4		0	0	
F4	**R**	**R**	**R**	**R**		**R**		**R**	**R**	0
	0	0	0	0		0		0	0	

									Totals	58 7

The **WEEK 5 and 6** Relieving Registrars and **WEEK 4** Relieving Fellows 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 8-5.

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 RMOs will not be required to be at work.

EXPECTED AVERAGE HOURS OF WORK PER WEEK

Ordinary hours
Registrars 38.3 on duty + 7 hours on call (460 hours / 12 registrars)
Fellows 42.3 on duty + 10 hours on call. (127 hours / 3 fellows)

Overall: 39.1 hours + 7.60 hours on call
Classification: Category F

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

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. NB Fellows only cover these shifts when on a relief week. Co-ordination of flight services after hours is the responsibility of the on call SMO – this is not delegated to the fellow without sufficient support and experience.

Daily

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.

Schedule One:

Attendance at:

Daily	08:00	Handover meeting
	08:45 – 10:30	Ward Round
	16:00	Ward Round
	21:00	Ward Round
	23:00	Hospital at Night handover.
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 – 15:30	Simulation (every other week)
Friday	11:00 – 12:00	ICU Trainee Hot Case Teaching
Friday	13:00 – 15:00	Department Education, Mortality Meeting and Journal Club

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 Wright or Kellie 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. This is not good for you. If this situation occurs, it is **the RMO'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.

WEEKDAY ICU MEDICAL STAFF ALLOCATION

<table>
<tr><th>DOCTOR</th><th>0800-0830</th><th>0830-1030</th><th>1030</th><th>1100-1600</th><th>1600-1700</th><th>1700-2100</th><th>2100-2200</th><th>2200-0800</th></tr>
<tr><td>Night RMO</td><td rowspan="8">Combined Handover, ICU Seminar Room</td><td colspan="4" rowspan="2"></td><td colspan="2">South handover & ward round*</td><td rowspan="2">Ward work, MET, ward reviews</td></tr>
<tr><td>Night RMO</td><td rowspan="3">North handover & ward round*</td></tr>
<tr><td>North SMO/SR</td><td rowspan="2">Ward round beds 8-16</td><td rowspan="6">X-ray meeting, Radiology Dept.</td><td rowspan="2">Ward work North</td><td rowspan="6">Handover & ward round beginning at bed 19 (South)</td><td>On call for ICU internal calls</td><td>SR remains on call Tue-Thu</td></tr>
<tr><td>Long day RMO</td><td>Ward work North & Central</td><td></td></tr>
<tr><td>Central SMO</td><td rowspan="2">Ward round beds 1-7, 17-18</td><td rowspan="2">Ward work Central</td><td>On call for ICU external calls</td><td>South handover & ward round*</td><td>On call for both ICU internal & external calls</td></tr>
<tr><td>Short day RMO</td><td colspan="3" rowspan="2"></td></tr>
<tr><td>South SMO</td><td rowspan="2">Ward round beds 19-24</td><td rowspan="2">Ward work South</td></tr>
<tr><td>Long day RMO</td><td>Ward work South</td><td>South handover & ward round</td></tr>
<tr><td>Evening RMO</td><td colspan="3"></td><td colspan="4">Shift 1400-2200 ICU ward work, MET, ward reviews, flight (additional)</td></tr>
<tr><td>Flight Day RMO</td><td colspan="5">Shift 0700-1900 (on-call); working in ICU 0800-1700</td><td colspan="3" rowspan="2"></td></tr>
<tr><td>Flight Night RMO</td><td colspan="5"></td></tr>
</table>

*Central beds seen by whichever rounding SMO finishes first. After rounds, whiteboard meeting with ACNMs/SMOs/SR/night RMOs to hand over all patients to Central SMO for overnight.

WEEKEND & PUBLIC HOLIDAY ICU MEDICAL STAFF ALLOCATION

<table>
<tr><th>DOCTOR</th><th>0800-0830</th><th>0830-1200</th><th>1200-1600</th><th>1700-2100</th><th>2100-2200</th><th>2200-0800</th></tr>
<tr><td>Night RMO</td><td rowspan="8">Combined Handover, ICU Seminar Room</td><td colspan="3" rowspan="2"></td><td rowspan="8">Combined handover & ward round</td><td rowspan="2">Ward work, MET, ward reviews</td></tr>
<tr><td>Night RMO</td></tr>
<tr><td>SMO 1</td><td rowspan="3">Ward round beds 1-12</td><td colspan="2">On call for all ICU calls</td><td>On call for all ICU calls</td></tr>
<tr><td>Long day RMO</td><td colspan="2">Ward work, MET, ward reviews</td><td rowspan="4"></td></tr>
<tr><td>Long day RMO</td><td rowspan="3">Ward round beds 13-24*</td><td colspan="2">Ward work MET, ward reviews</td></tr>
<tr><td>SMO 2</td><td colspan="3" rowspan="2"></td></tr>
<tr><td>Flight Day RMO</td><td colspan="3">Shift 0700-1900 (on-call); working in ICU 0800-1700</td></tr>
<tr><td>Flight Night RMO</td><td colspan="3"></td><td colspan="2">Shift 1900-0700 (on-call)</td></tr>
</table>

*SMO 2 hands over half of unit after ICU ward round to SMO 1

SMO 1 & SMO 2 swap roles from 8am the following weekend day

REGULAR ICU MEETINGS

DAY	TIME	MEETING	LOCATION
Monday	2300	Hospital At Night	MAPU Seminar Room
Tuesday	1000-1030	Neurosurgical Grand Round	ICU Main Unit
	1100	Infectious Diseases	ICU Fishbowl
	1500	Multidisciplinary Team Meeting	ICU Fishbowl
	2300	Hospital At Night	MAPU Seminar Room
Wednesday	2300	Hospital At Night	MAPU Seminar Room
Thursday	1200-1500	ICU Registrar Teaching +/- Simulation	ICU Seminar Room
	2300	Hospital At Night	MAPU Seminar Room
Friday	1100	Infectious Diseases	ICU Fishbowl
	1300	Journal Club	ICU Seminar Room
	1330	Mortality & Morbidity	ICU Seminar Room
	2300	Hospital At Night	MAPU Seminar Room
Saturday	2300	Hospital At Night	MAPU Seminar Room
Sunday	2300	Hospital At Night	MAPU Seminar Room

WELLINGTON ICU thursday registrar teaching

DATE	SPEAKERS FOR SESSIONS 1 & 2	1: THEORY 12:00-13:00	2: PRACTICAL 13:00-14:00	3: RESEARCH 14:00-14:10	or 3: SIM 14:00-15:00	BAKING
Jun 13	CALS COURSE: no separate teaching sessions					
Jun 20	Bob Ure	Vascular Access Workshop			✔	Andrea
Jun 27	Alex Psirides/Kate Tietjens	Interhospital Transport	*ABG Interpretation*	TARGET PROT		Johnny
Jul 4	Jason Wright/James Moore	ICU Handover	*Trauma*		✔	Zeid
Jul 11	Jonathan Adler	Communication Skills Workshop		VITAMINS		Alex
Jul 18	Andy Parker	Traumatic Brain Injury	***Aeromedical Simulation***			Dion
Jul 25	Lupe Tameoupeau/James Moore	Aortic Pathology	*Post Cardiac Surgical Care*	STARRT AKI		Sam S
Aug 1	Trevor Tnay	Cardiac Surgery	*Chest Drains*		✔	Eamonn
Aug 8	Kate Tietjens/Kinga Palmer	Ventilation	*Setting The Ventilator*	PLUS		Alice
Aug 15	Colin Barnes	ARDS	*Trache Insertion & Emergencies*		✔	Tom F
Aug 22	Travis Perera/Blake Jackson	Haematology in ICU	*Prescribing in ICU*	TTM2 & TAME		Kate R
Aug 29	Nia Davies	DKA & HHS	***Aeromedical Simulation***			Sam H
Sep 5	Dan Seller/Lynsey Sutton	Long Term ICU Patients	*Delirium & Sedation*	REMAP CAP		Tom B
Sep 12	Ros Wood/Karyn Hathaway	Paediatric Resp Failure	*Paediatric Equipment Trolley*		✔	Nia
Sep 19	Nia Davies	Airways in ICU	*Airway Trolley/CICO Kit*	QUARK		Hannah
Sep 26	Jason Wright	Out-of-Hospital Cardiac Arrest	*Pacing*		✔	Jenni
Oct 3	Bob Ure/Dan Gyles	Bleeding	*Blood Bank Tour*	BLING III		Kate C
Oct 10	ODNZ Nurse/Colin Barnes	Organ Donation	*Brain Death Testing*		✔	Will
Oct 17	James Entwhistle/Hannah Kim	ICU Radiology CXRs	*ICU Radiology CT scans*	BALANCE		Sarah
Oct 24	Paul Young	Statistics	***Aeromedical Simulation***			TBC
Oct 31	Paul Young	CRRT Theory	*Dialysis Machine*	TEAM		TBC
Nov 7	Max Bloomfield	Microbiology	*Microbiology Lab Tour*		✔	TBC
Nov 14	Alex Psirides/Craig Wallace	End of Life in ICU	*Toxicology*	LUCID		TBC
Nov 21	Kelvin Woon/Alex Lin	Subarachnoid Haemorrhage	*EVDs & ICP Monitoring*		✔	TBC
Nov 28	Jenni Hawes/Kate Tietjens	Sepsis	*Registrar Welfare*	PATCH		TBC
Dec 6	**Friday 12-1pm** Curry at Planet Spice; **1-2pm** Registrar statisticathon & end-of-run quiz					

Intensive Care Services

RUN 2 2019