

WELLINGTON REGIONAL HOSPITAL
INTENSIVE CARE SERVICES



RUN DESCRIPTION

ICU Registrar and Non Clinical Fellow (Wakefield and Wellington Hospitals)

4 non clinical options are available

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

LOCATIONS

- Intensive Care Unit and Level 5 High Dependency Unit in 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 core or 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 Registrars.

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
- To progress towards formal qualification in critical care echocardiography (Diploma of Diagnostic Ultrasound (DDU), FUSIC 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 and NZRUS point of care ultrasound (POCUS) course
- Contribute to research, audit and quality improvement activities around the use of echocardiography and point of care ultrasound in the Intensive Care Unit

Clinical Duties

In addition, all four positions will be involved with providing clinical care to intensive care patients under the supervision of the Intensive Care Services Specialist or ICU fellow. These duties are at the same level as an ICU registrar and clinical responsibilities may 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 via road ambulance, helicopter or fixed wing aircraft as part of our aeromedical retrieval service. 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

2 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 and Standards of Integrity and Conduct. 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 registrars attend the teaching sessions at Wellington ICU on Thursdays when not rostered at Wakefield and not on leave or nights. This time is paid and factored into the rostered hours.

Training and education opportunities include:-

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

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

Registrars 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 registrar 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 19 registrars and 4 senior registrars / fellows.

Below is the roster template. Wakefield shifts are highlighted in yellow. The remaining shifts are at Wellington Regional Hospital. During Wellington 'Float' day or evening shifts the registrar will join the handover and be available for ward support duties (sharing this role with the Wellington ICU flight day registrar). Duties include the clinical care of ICU patients, supporting junior registrars, procedures and intra/inter-hospital transports. When not required on the floor they can work in their non-clinical role. 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 'Float' shifts at Wellington hospital Monday to Friday. Float roles may occasionally be required to work a regular 9 hour (day) or 8 hour (evening) Wellington ICU shift to cover sickness. Additional time is paid on Thursdays to cover for attendance at compulsory teaching sessions 12pm – 3pm

WAKEFIELD ROTATIONAL PATTERN

W1	WN	WN	WN	WN	O	O	O		4
	13.5	13.5	13.5	13.5	0	0	0	54	
W2	RELIEF /	RELIEF /	RELIEF /	RELIEF /	RELIEF /				5
	FLOAT E	FLOAT E	FLOAT E	FLOAT E	FLOAT E	O	O		
	8	8	8	10	8	0	0	42	
W3	FLOAT D	FLOAT D	NCD	O	O	WD	WD		2
	9	9	9	3	0	11.5	11.5	53	
W4	O	O	FLIGHTD	FLOAT D	FLOAT D	O	O		5
	0	0	12	9	9	0		30	
Total Shifts									14
									44.75

HOURS OF WORK

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

	On Duty	No. of Hours	
WN	Wakefield Nightshift	13.5	1900 to 0830
WD	Wakefield Weekend dayshift	11.5	0800 to 1930
FLOAT D	Wellington ICU Float Day	9	0800 to 1700
FLOAT E	Wellington ICU Float Evening	8	1400-2200
RELIEF	Relieving week	8 (average)	Relieving to cover Wakefield or Well
FLIGHT D	Flight Day	12	0700-0800 and 1700-1900 on call 0800-1700 on duty if not flying
NCD	Dedicated non-clinical day	9	0800-1700

EXPECTED AVERAGE HOURS OF WORK PER WEEK

Ordinary hours: 44.75 hrs

Classification: Category E

In accordance with the STONENZ/NZRDA/DHB collective agreements this run is paid as registrar **Category C** (Clause 8.1.5)

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
	2000	Night handover meeting
	2045 ~2200	Night ward round
Tuesday and Friday	1100	Infectious diseases Paper Round
Tuesday	1400	MDT Meeting
Thursday	1200 – 1400	General Teaching
	1400 – 1500	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	Handover and then Hospital Round starting in ICU

PERFORMANCE APPRAISAL

Registrars 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