WELLINGTON HOSPITAL
INTENSIVE CARE SERVICES

RUN DESCRIPTION

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

We are one of Aotearoa New Zealand's largest Intensive Care Units, admitting over 2000 patients per Wellington ICU provides tertiary Intensive Care services for over one million people in central New Zealand covering a geographic radius of 300 kilometres, including the lower North Island and upper South Island. We support six other public hospitals that have Intensive Care Units and one hospital that does not. To manage such a large area we run a busy Flight Retrieval Service with the capability to provide Intensive Care-level retrievals around the clock.

The ICU is a 24 bed unit with a separate dedicated 12 bed high dependency unit, giving a total of 36 beds. We provide general intensive care as well as supporting subspeciality services including cardiology & cardiothoracics, paediatric surgery, neurosurgery and trauma. Our service is strongly consultant-led and consultant ward rounds are performed three times a day on week days (8am, 4pm and 8pm) and twice a day during the weekend (8am and 8pm).

We admit over 2000 patients every year of which 40% are elective (including approximately 600 cardiothoracic patients). Approximately 8% of our admissions are paediatrics. The median length of stay for patients is 40 hours. We are able to provide all modern treatment modalities and are have recently developed an ECMO service.

EXPECTATIONS OF THE TRAINEE

Those who are eligible for CICM transition year or equivalent in overseas training programmes will be designated as “fellows”, others will be designated as “senior registrars” (SRs)

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

The Fellow / SR 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 / SR 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 / SR 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 15 SMOs employed in the ICU, all of whom hold FCICM, several with dual (or more) Fellowships.

Main clinical duties are to be performed in the Intensive Care Unit or High Dependency Unit with additional duties including:

- Cardiac Arrest/Medical Emergency Team (MET)
- Trauma Team calls to the Emergency Department (ED)
- Inter-hospital patient retrievals (road & aeromedical)
- Assessment, resuscitation and further treatment of critically ill patients referred to the Service
- Provision of specialised services e.g. cardiovascular cannulation, airway management

RUN PERIOD

6 months or 12 months (Longer runs may be possible. 12 months required for CICM TY)

RESPONSIBLE TO:

Professional and Line responsibility to the Clinical Leaders, 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 / SR 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 practice by the completion of their term.

Those who are eligible for CICM tranisiton year (ie “fellows”, rather than senior registrars) will have additional independence and responsibility, including acting as the “first on call” consultant overnight (with dedicated SMO back up at all times). They will also manage aeromedical retrievals and have additional non clinical responsibilities. There may also be opportunities for the fellow to do SMO level day shifts where they are not required for relief duties on the RMO roster. Fellows are expected to be part of the SMO team as much as possible, including attendance at SMO meetings and being part of team based clinical decision making.

Clinical responsibilities include:

- Assessment and treatment of all patients within the Intensive Care Service. 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, line insertion, tracheostomy, bronchoscopy, diagnostic ultrasound and echocardiography (both transthoracic and transoesophageal)
- 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, Trauma Team calls)
- Participating in and providing oversight of patient retrievals from other hospitals by road or air.
- Interviews and meetings with patients and/or their next of kin 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

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 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 retrieval service (including safety briefing and orientation to the helicopter & fixed wing aircraft)

Ongoing Education

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, Fellow / SRs and SMOs. The timetable rotates and includes monthly morbidity and mortality 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 detail. All recent patient deaths, after-hours 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	1200 – 1500
Multidisciplinary Simulation	Every other Thursday	1400 -1530
CICM Exam Hot Case Teaching	As required	
Departmental Education Session	Friday	1300 – 1500
Paeds in-situ Simulation	2nd Wednesday of each month 1300-1500 (two registrars allocated per month)	

FORMAL SUPERVISION MEETINGS

Fellow / SRs 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 Fellow / SRs will be involved in clinical trials that will be published in high impact general & critical care journals. This is a research unit and involvement in clinical trials is an important aspect of the work. Fellow / SRs 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 / SR will be expected to assist with clinical supervision and informal teaching of registrars at all times while in the unit (whether on a Fellow / SR designated shift or not).

Fellow / SRs 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 present a case study. 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 / SR to be involved in the formal teaching programme for these students as well.

Wellington ICU holds fortnightly multidisciplinary simulation based learning sessions. The Fellow / SR 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 (depending on trainee needs at the time) 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 Fellow / SRs will be encouraged to attend the CICM ASM or other conferences / courses of relevance.

QUALITY ASSURANCE

Fellow / SRs will participate in the quality assurance activities of Intensive Care Services involving:

- Weekly morbidity and mortality reviews with formal 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 national leadership in the form of 2 current SMOs in this ICU who also hold leadership positions within Te Whatu Ora/Health New Zealand
- Access to 35,000 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 entries within 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 Fellow / SRs 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 require Fellow / SRs to call out and report this behaviour if they witness it.

There is a mentoring programme within Wellington ICU. Fellow / SRs 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. Fellows and SR are also encouraged to make themselves available as a mentor for junior registrars as part of this programme.

There is chief resident role that is allocated to a fellow by mutual agreement, this role involves being a liason between the SMOs and RMOs for any issues that develop, particularly those that relate to staff welfare.

ROSTER

FELLOW ROTATIONAL PATTERN

F1	**O**	**O**	**OC**	**NC**	**N**	**N**	**N**		5
	0	0	13	4	13	13	13	56	
F2	**O**	**O**	**O**	**D**	**D**	**O**	**O**		2
	0	0	0	13	13	0	0	26	
F3	**HDUD**	**OC**	**NC**	**OC**	**NC**	**O**	**O**		3
	8	13	4	13	4	0	0	42	
F4	**R**	**R**	**R**	**R**	**R**	**R**	**R**		
	0	0	0	3	0	0	0	3	
Total Shifts									10

The Fellow / SR participates in the Intensive Care Service roster. There are 4 Fellow / SRs and 19 Registrars. There are an additional 4 Wakefield and Wellington combined ICU registrars making a total of 27 RMOs.

The average weekly hours are 42.3 hours on duty + 9 hours on call. In accordance with the RDA/Te Whatu Ora collective agreement this run is paid as **Category C**

The Fellow / SR is rostered to long days on call (LDOC). During this LDOC shift they are rostered on duty in the unit from 0800 to 2100. They function at the level of an SMO with rostered SMO back up available 24/7. The Fellow will be assigned to the Central Pod of the unit where they will have clinical responsibility for up to 9 patients during the daytime. The SR will be assigned to the North Pod of the unit with similar numbers of patients. 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 between 0800-1700 and the Fellow / SR and SMO will discuss the patients together after the ward round.

After 1700 the Fellow / SR 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 be immediately available to assist or advise as needed. At 2000 the evening handover then ward round takes place. This will be lead by the Fellow / SR on LDOC. An SMO may attend as needed or requested. The Fellow / SR is then on call form home overnight from 2100, and is paid additional duties rates for any call backs that occur after this time.

Following the LDOC shift the Fellow / SR is allocated a non clinical shift of 4 hours duration. It is expected that they will attend handover at 0800 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 Fellow / SRs will provide cover for leave (which may be from either the Fellow / SR 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). The registrar roster is included here to show the range of shifts that could possibly be allocated during the relief week. If no relief is required the fellow may be allocated SMO day shifts covering an ICU or HDU pod (0800-1700). The relieving fellow / SR 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 not rostered to cover leave during the relief week you will not be required to be at work

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**

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	
Total shifts								42.32	61

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 Fellow / SRs 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 / SR without sufficient support and experience.

Daily

0700 - 1900	Flight Day Registrar, 12 hour shift. If there are no tasked retrievals, the registrar will start work at in ICU at 0800 and can leave at 1700. When not conducting retrievals, 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 reviewing external referrals
1900 – 0700	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.

Week Day 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.

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.

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 (ICU SMO) or Kelly McCausland (Administrative Coordinator). This protects both registrars from misunderstandings and allows us to ensure the changes do not compromise your safety.

Schedule One:

Attendance at:

Daily	0800	Handover meeting
	0845 – 1030	Ward Round
	1600	Ward Round
	2000	Ward Round
	2300	Hospital at Night handover.
Monday – Friday	1030	Radiology Meeting
Tuesday and Friday	1100	ID paper round
Tuesday	1500	MDT round
Thursday	1200 – 1500	General Teaching
	1400 – 1530	Simulation (alternate weeks)
Friday	as required	
Friday	1300 – 1500	Department Education, Mortality Meeting and Journal Club

Addendum One:

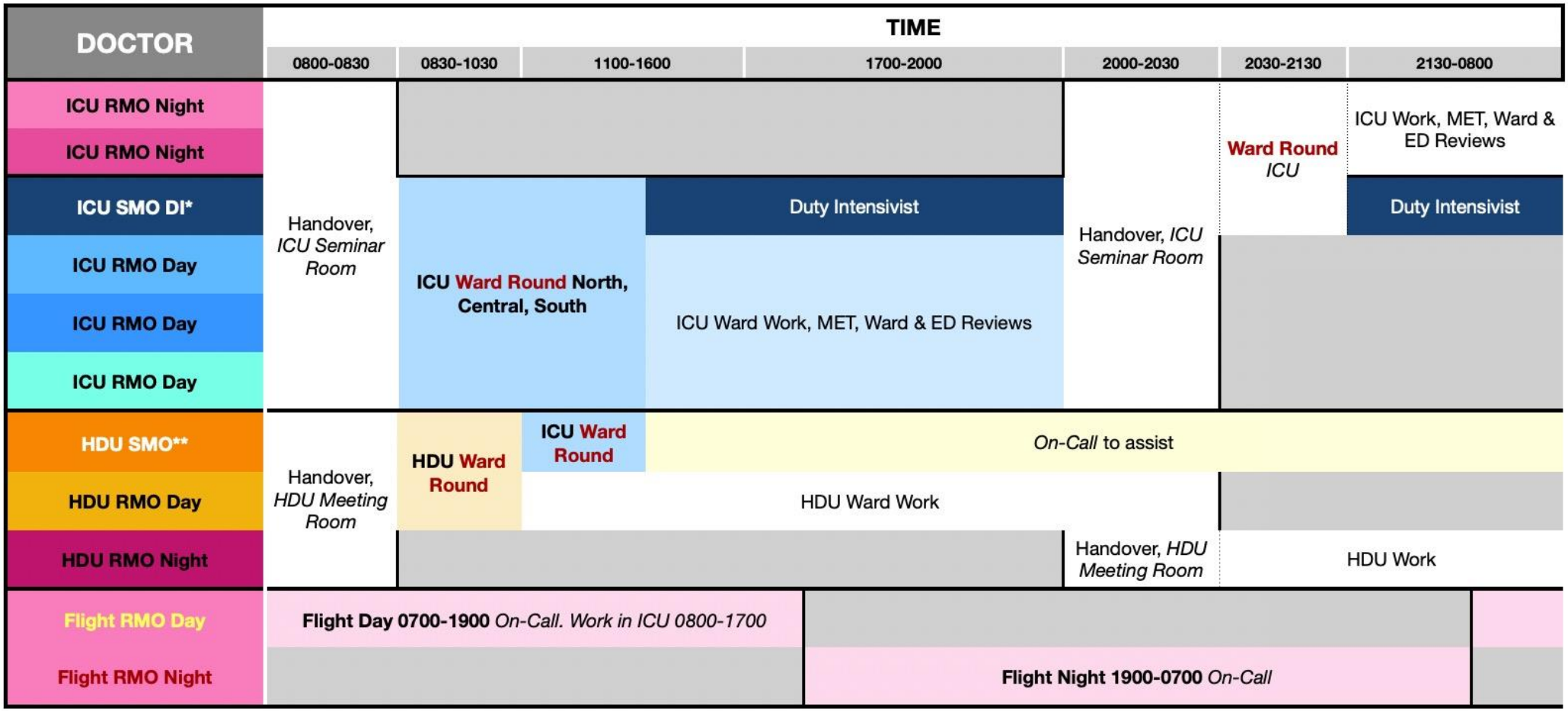
WELLINGTON ICU/HDU WEEKDAY MEDICAL STAFF ALLOCATION

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	Handover, *ICU Seminar Room*							Handover, *ICU Seminar Room*	**Ward Round** *ICU*	ICU Work, MET, Ward & ED Reviews
ICU RMO Night										
ICU SMO North		**ICU ward round beds 8-16**	**Radiology meeting** in *Radiology Dept*	Tue & Fri, **ID meeting** in *ICU Fishbowl*	Ward work North	**Ward Round ICU** *(begins at bed 19 in South)*				
ICU RMO Day							Ward Work North	Handover, *ICU Seminar Room*		
ICU SMO Central		**ICU ward round beds 1-7, 17-18**			Ward work Central		**Duty Intensivist**		**Ward Round** *ICU*	**Duty Intensivist**
ICU Fellow										
ICU RMO Day							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	Handover, *HDU Meeting Room*	**HDU ward round beds 29-40**			Ward work HDU	**1500 Ward Round** *HDU*	**On call for HDU**	HDU Handover *via Zoom*	**On call for HDU**	
HDU RMO Day							Ward work HDU			
HDU RMO Night								Handover, *HDU Meeting Room*	HDU Work	
HDU RMO Evening						**1500 Ward Round** *HDU*	Ward work HDU		Ward work HDU	
Duty Intensivist*	Co-ordinates all referrals & ICU/HDU flow (see below)									
Flight RMO Day	**Flight Day 0700-1900** *On-Call. Work in ICU 0800-1700*									
Flight RMO Night								**Flight Night 1900-0700** *On-Call*		
Wakefield Day RMO	**0800-1700** Float									
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.*

***Duty Intensivist (DI):** DI takes all external calls (regional hospitals), in-hospital referrals (ED, PACU, ward), PAR & MET reviews, receives & co-ordinates all retrievals, and works with the ICU ACNM Ops to manage flow in & out of all ICU/HDU beds as well as deciding if new patients are admitted to the ICU (Level 3) or HDU (Level 5).

WELLINGTON ICU/HDU WEEKEND & PUBLIC HOLIDAY MEDICAL STAFF ALLOCATION



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