

ICU Senior HOUSE OFFICER/ REGISTRAR
RUN DESCRIPTION

DEPARTMENT:	Intensive Care, Anaesthesia and Perioperative medicine
PLACE OF WORK:	Hutt Hospital
RESPONSIBLE TO:	<ul style="list-style-type: none">• Clinical Director of Intensive Care• ICU SMO on shift/on call• When working in theatre: Anaesthesia SMO, Clinical Director or Anaesthesia
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients needing critical care services at Hutt Hospital.
RUN RECOGNITION:	Recognised for foundation training in ICU
RUN ROTATION LENGTH:	6 Months (with possibility of ED run for 6 months)

Section 1: House Officer's Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> • Work closely with the ICU team and share responsibilities where and when appropriate. • Assist with the assessment and admission of patients under the care of the department. Undertake clinical responsibilities as directed by the Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed. • Responsible for patient referrals and review patients as necessary, day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate. • Maintain a high standard of communication with patients, patients' families and staff. • Inform ICU Consultant of the status of patients especially if there is an unexpected change in patient condition. • Attend handover, team and departmental meetings as required. • Assist with teaching of other team members including students and other healthcare professionals. • Documentation will be detailed, accurate and timely, signed and legible. • The results of all investigations will be signed, actioned appropriately before they are filed in the patient's notes. • The RMO should at all times be supervised to a level appropriate to their skill and experience and should freely seek advice from their senior colleagues on management of patients. The ICU Supervisor of Training and/or the Director of the ICU should be approached about any difficulties they may be experiencing. • Ensure relevant documents eg discharge summary and follow up appointments are given to the patient on discharge as necessary. • Obtain informed consent for procedures within the framework of the Medical Council guidelines.
Clinical Duties when in ICU	<ul style="list-style-type: none"> • The SHO/registrar will have detailed knowledge of each patient admitted to the Intensive Care Unit and will modify each patient's management in order to optimise their outcome., with supervision by the ICU/parent team consultant. • Assess patients for suitability of ICU admission prior to discussion with consultant. • Management of patients in the intensive care unit needing critical care services including vasopressor needs, ventilatory requirements and renal replacement therapy. • Acquire knowledge and skills needing for identification and management of deteriorating patients in the wards and ED. • Gain experience in invasive monitoring including arterial line monitoring, central venous pressure monitoring, and the procedural skills necessary towards the same. • Participation in MET calls • Regular communications with the Consultant especially if there is a major change in the patient's condition. • Will maintain legible notes of changes in patient management.

Area	Responsibilities
	<ul style="list-style-type: none"> Daily Databases forms will be completed and on the first day complete the COMET/APACHE Score. On discharge of a patient from the Intensive Care Unit, personally contact the receiving team and hand over the patient, describing details of suggested further management. At the time of discharge, a typed discharge summary will be produced by the RMO. A copy of which will accompany the patient. Assist other teams with placement of central lines when other duties permit. Attend trauma calls and assist other teams with acute resuscitation.
Clinical Duties when in Anaesthetics	<p>ICU SHO/registrar will always be under the direct supervision of the Anaesthetic SMOs:</p> <ul style="list-style-type: none"> Pre-assessment and consent for anaesthesia Provision of anaesthesia / analgesia / monitored anaesthesia care as appropriate Supervision of recovery from anaesthesia Post-operative care including Acute Pain Management Service, ward rounds, new referrals and rescue regional anaesthesia Vascular access referrals Assistance to the Emergency Department/ anaesthetic team for severe trauma, airway emergencies or as requested.
Administration	<ul style="list-style-type: none"> Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed with a printed name and pager number legibly recorded. Be responsible for certifying death and complete appropriate documentation. At the direction of the ICU Clinical Director assist with operational research in order to enhance the performance of the Service. If absent due to unexpected circumstances (eg health, other) contact the Medical Administration Unit (or Duty Manger directly if after hours) as well as the Consultant to which the registrar is clinically responsible in the absent duty.

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.			M and M/ Journal Club 1 st Wednesday of the month		
p.m.	RMO teaching**			RMO Teaching Wellington Regional Hospital ICU	Audit –3 rd Friday of the month (1300 to 1500)

Note: dates and times for the sessions above may change.

- Participate as appropriate with department in-service training programmes and departmental seminars.
- A total of 3 hours protected training time per week, inclusive of the designated training sessions, the timing of which will be agreed between the senior house officer and senior clinician to ensure appropriate cover can be arranged.
- **If on a rostered day shift attendance at the designated training sessions is compulsory.
- It is expected that the RMO will keep up to date with new development by reading relevant texts and journals (i.e. library, study or research, attendance at other education session within the hospital)

Section 3: Roster and Team Cover

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Wk1	Night (10hr)	Night (10hr)	Night (10hr)	Night (10hr)	x	x	x
Wk2	R	R	R	R	R	R	R
Wk3			AM (ICU (9.5)		Night (10hr)	Night (12.5hr)	Night (12.5hr)
Wk4	x	x	x	AM (ICU (9.5)		LD (12.5hr)	LD (12.5hr)
Wk5	AM (ICU (9.5)	AM (ICU (9.5)			AM (ICU (9.5)		
Wk6	PM (9.5)	PM (9.5)	PM (9.5)	PM (9.5)	PM (9.5)		
Wk7	Anaes (9.5)	Anaes (9.5)	Anaes (9.5)	Anaes (9.5)	Anaes (9.5)		

Shift times:

AM (ICU)	0730 - 1700hrs
PM	1300 - 2230hrs
AM (Anaesthesia)	0730-1700
Night	2200 - 0800hrs
R	Relief cover
Long Day-LD (Weekend)	0800-2030
Night (Weekend)	2000-0830

Section 4: Performance appraisal

RMO	Service
<p>The RMO will:</p> <ul style="list-style-type: none"> • at the beginning of the run meet with their designated consultant(s) to discuss goals and expectations for the run • after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their consultant. • at end of run complete a feedback assessment of the run. 	<p>The service will provide:</p> <ul style="list-style-type: none"> • an initial meeting between the Supervising Consultant and RMO to discuss goals and expectations for the run. • an interim assessment report on the RMO 2 months into the run, after discussion between the RMO and the Consultant responsible for them; • the opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the RMO will bring these to RMO's attention and discuss and implement a plan of action to correct them; • a final assessment report on the RMO at the end of the run, a copy of which is to be sighted and signed by the RMO.

RMO	Service

Section 5: Hours and Salary Category

ICU Average Working Hours		Service Commitments
Ordinary hours	40	The Service, together with the Medical Administration Unit will be responsible for the preparation of any Rosters.
Rostered overtime	4.4	
Total hours	44.4	

Salary: The salary for this attachment will be as detailed in a C Category run category (minimum category for shift roster).