WELLINGTON HOSPITAL
INTENSIVE CARE SERVICES

RUN DESCRIPTION

POSITION **Registrar - Intensive Care Services LOCATION**

Level 3 Intensive Care Unit and Level 5 High Dependency Unit in Wellington Regional Hospital, and all areas where aspects of intensive care medicine are practised or where clinical advice is sought.

Main duties are to be performed in the ICU or HDU with additional duties including:

- Cardiac Arrest/Medical Emergency Team.
- Trauma Team call outs to ED
- Inter-hospital patient transports with the Wellington Aeromedical Retrieval Service
- 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

RUN RECOGNITION

Registrar positions are recognised as training positions for the following Australasian Colleges: College of Anaesthetists (ANZCA), College of Intensive Care Medicine (CICM), College of Physicians (RACP), College of Surgeons (RACS) and College of Emergency Medicine (ACEM).

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

Intensive care training is only recognised by prior registration of training with the appropriate College, including CICM Core intensive care training.

College of Intensive Care Medicine (CICM) policy documents are available for reference.

RESPONSIBLE TO:

Professional and Line responsibility to the Clinical Leader.

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 Registrars on duty for that day.

Under the supervision of the Intensive Care Services Specialist and Fellow or Senior Registrar, clinical responsibilities 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

PROVISIONS FOR TRAINING and EDUCATION

Adequate provisions are made for training for:

1. Fellowship of ANZCA
2. Fellowship of CICM
3. Fellowship of RACP
4. Fellowship of RACS
5. Fellowship of ACEM

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

- Provision of adequate degree of supervision for clinical duties
- Clinically orientated teaching
- Specific Registrar teaching
- Weekly Service audit and review meetings
- Four hours of education will be available per week as defined in the RDA contract. This includes a regular three hour dedicated registrar teaching session and optional Service QA and case reflection sessions. There is provision within the roster for registrars to be paid for 3 hours each Thursday (if not already rostered on) to attend the compulsory Thursday registrar teaching programme.

Training requirements and opportunities include:

Registrar Teaching Program	Thursday	12:00 – 14:00 or 15:00
Case reflection sessions	Every second Monday	13:00 – 14:00
Mortality Meeting and ICU Education	Friday	13:00 – 15:00
Paeds in-situ Simulation	Monthly on Wednesday	13:30 – 15:30

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

Research and Review Activities

a) Research

Participation in and evaluation of research is considered an important aspect of registrar 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 your time at Wellington Intensive Care Unit you 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 our work.

b) Review

Registrars will participate in the clinical audit/QA of Intensive Care Services involving:

- Weekly morbidity and mortality meetings.
- Assistance with documentation and information e.g, flight data, and bereavement follow up information.

PERFORMANCE APPRAISAL

This is a very important part of the run. Registrars will each have a dedicated SMO supervisor of training and can expect the following meetings;

1) An entry interview to discuss past experience, aims for this run and any areas of concern or potential difficulty within the first month
2) A formal mid run assessment and meeting with documentation after 3 months
3) An end of run formal assessment and meeting with documentation after 6 months

TRAINING, DEVELOPMENT AND SUPERVISION OF OTHER STAFF

Assist/participate as appropriate with the Service's in-service training programs and seminars.

SPECIALITY and SUB-SPECIALITY ROSTERS COVERED

The registrar participates in the Intensive Care Service roster. This roster comprises 19 registrars and 4 fellows / senior registrars, as well as 4 Wakefield / Wellington ICU registrars.

OTHER RESIDENT and SPECIALIST COVER

This run is covered by 15 Specialists and 4 Fellows or Senior Registrars.

REGISTRAR ROTATIONAL PATTERN

Week	*Mon*	*Tue*	*Wed*	*Thur*	*Fri*	*Sat*	*Sun*	*Hours*	*Shifts*
1	**O**	**D**	**O**	**O**	**D**	**D**	**D**		3
	0	13	0	0	13	13	13	52	
2	**FN**	**FN**	**FN**	**FN**	**O**	**O**	**O**		4
	0	0	0	0	0	0	0	0	
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	0	0	0	0	0	43	
6	**R**	**R**	**R**	**R**	**R**	**R**	**R**		0
	0	0	0	0	0	0	0	43	
7	**O**	**O**	**O**	**D**	**FN**	**FN**	**FN**		4
	0	0	0	13	0	0	0	13	
8	**O**	**O**	**O**	**FD**	**FD**	**D**	**D**		4
	0	0	0	12	12	13	13	50	
9	**HDUD**	**O**	**O**	**FE**	**FE**	**O**	**O**		3
	13	0	0	11	8	0	0	32	
10	**N**	**N**	**N**	**N**	**O**	**O**	**O**		4
	13	13	13	13	0	0	0	52	
11	**D**	**D**	**O**	**O**	**O**	**FD**	**FD**		4
	13	13	0	0	0	12	12	50	
12	**FE**	**FE**	**O**	**O**	**N**	**N**	**N**		5
	8	8	0	0	13	13	13	55	
13	**O**	**O**	**O**	**HDUD**	**HDUD**	**O**	**O**		2
	0	0	0	13	13	0	0	26	
14	**D**	**FD**	**D**	**O**	**O**	**O**	**O**		4
	13	12	13	0	0	0	0	38	
15	**N**	**N**	**N**	**N**	**O**	**O**	**O**		4
	13	13	13	13	0	0	0	52	
16	**O**	**HDUD**	**HDUD**	**O**	**O**	**HDUD**	**HDUD**		5
	0	13	13	0	0	13	13	52	
17	**R**	**R**	**R**	**R**	**R**	**O**	**O**		0
	0	0	0	0	0	0	0	43	
18	**O**	**O**	**D**	**O**	**N**	**N**	**N**		4
	0	0	13	0	13	13	13	52	
19	**O**	**O**	**O**	**O**	**D**	**D**	**D**		3
	0	0	0	0	13	13	13	39	
Total shifts									61
Average hours per week								42.05263	

HOURS OF WORK

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

RMO					Hrs
	D = DAY	8:00	-	21:00	13
	HDUD = HDU DAY	8:00	-	21:00	13
	FD = FLIGHT DAY	7:00	-	19:00	12
	FE = FLIGHT EVENING	14:00		22:00	8
	N = NIGHT	20:00	-	9:00	13
	FN = FLIGHT NIGHT ON CALL	19:00	-	7:00	0

DAY SHIFT ICU 0800 – 2100

Three RMOs are rostered to day shift in the ICU. They will allocate themselves to a pod each (North, South or Central) and will be responsible for the patients in that pod for their shift. It is expected that RMOs share the workload evenly and assist in any area where required rather than strictly keeping to their own pod. The shift starts with handover in the seminar room at 0800 hrs and finishes with handover to the night team at 2000hrs. An extra hour of paid non-clinical time is allocated to this 12 hour shift to allow for handover. Following handover the day shift RMOs will go home (often prior to 2100 hrs).

DAY SHIFT HDU 0800 - 2100

One RMO is rostered to day shift in the HDU. They attend a handover at 0800 in the HDU with the night HDU RMO, HDU ACNM and HDU SMO. They then round on the HDU patients and are responsible for all patients in the HDU for the day. In general, the HDU RMO should be present in the HDU during to deal with nursing concerns etc. The HDU RMO may need to hold the MET phone if the flight day RMO is out on a job (and there is no float day RMO rostered on). If patients are being transferred from the ICU to the HDU during the day, it is expected that the ICU RMO responsible for the patient will provide the HDU RMO with a verbal handover, and that they will have completed the discharge summary up to the point the patient leaves ICU. The HDU RMO should review all admissions to the HDU when they arrive. A ward round takes place in the HDU around 1500 or 1530. This means the HDU RMO is free at 1600 to free up the ICU Day Shift RMOs (if needed) to attend their ward round. The shift finishes with a paper handover to the incoming Night HDU RMO at 2000 hrs in the HDU. An extra hour of paid non-clinical time is allocated to this 12 hour shift to allow for handover. Following handover the HDU Day RMO will go home (often prior to 2100 hrs).

FLIGHT DAY 0700 – 1900

This shift involves being on call for flights from 0700 – 1900hrs. All 12 hours are paid as on duty hours. As such the RMO needs to be available to attend the hospital by 0700 hrs if an early morning flight is occurring (30 min notice would be given). During a flight job the Flight Day RMO is expected to discuss the case with the duty intensivist prior to leaving the referring hospital and make a plan for the transfer. On arrival to ICU or HDU the Flight Day RMO is expected to complete the admission paperwork for a patient they have transferred (this may not always be enforced after hours where the priority is for the RMO to get home). Occasionally the Flight Day RMO may not suitably skilled for a particular flight and another RMO will be deployed instead. If not required for a flight the Flight Day RMO is expected to attend the ICU from 0800 – 1700 hrs. They attend handover at 0800 hrs in the seminar room. After handover they join one of the ward rounds and assist with clinical duties during the day. This may include transferring patients to CT or MRI. The Flight Day RMO holds the MET phone when they are not out flying (unless there is a float day RMO rostered on who will hold the phone). They will attend MET calls and see external

referrals, and then discuss these with the Duty Intensivist SMO. After the 1600hrs ward round the Flight Day RMO can usually go home. In some instances the Flight Day RMO will be asked to stay on in the unit until 1900 hrs if it is particularly busy or other RMOs are absent for some reason. If the Flight Day RMO is on a flight job which continues past 1900 hrs they should claim additional duties for the hours worked beyond 1900.

FLIGHT EVENING 1400 – 2200

This shift involves being on duty in the ICU from 1400 – 2200 hrs. The Flight Evening RMO will be tasked with flights occurring in the late afternoon which would usually have a return time beyond the finish time of the Flight Day RMO (1900). During a retrieval the RMO is expected to discuss the case with the duty intensivist prior to leaving the referring hospital and make a plan for the transfer. On arrival to ICU or HDU the Flight RMO is expected to complete the admission paperwork for a patient they have transferred (this may not always be enforced after hours where the priority is for the RMO to get home). If not required for a flight the Flight Evening RMO should make contact with the RMOs in ICU and assist them with their clinical duties. Occasionally the Flight Evening RMO may not suitably skilled for a particular flight and another RMO will be deployed instead. The Flight Evening RMO should take the MET phone when they arrive, and from that point they should be the first port of call for external referrals. It is expected that the Flight Evening RMO covers clinical duties in the ICU between 2000 – 2100 hrs to allow the other RMOs to attend the handover. If the Flight Evening RMO is on a flight job which continues past 2200 hrs they should claim additional duties for the hours worked beyond 2200.

NIGHT SHIFT ICU 2000 – 0900

Two RMOs are rostered to night shift in the ICU. They start the shift at 2000 hrs with a paper handover in the ICU seminar room. Following this the Night ICU RMOs do a brief ward round with the on call ICU SMO or fellow reviewing all the patients in the ICU. The Night RMOs will allocate the ICU patients between themselves and will be responsible for handing over approximately half of the patients each in the morning. It is expected that RMOs share the workload evenly and assist in any area where required rather than strictly keeping to looking after their particular patients. The shift finishes with handover to the day team at 0800hrs. Administrative duties overnight include signing off results, ordering CXRs for the morning radiology round, and updating the ICU handover sheet. An extra hour of paid non-clinical time is allocated to this 12 hour shift to allow for handover. Following handover the night shift RMOs will go home (often prior to 0900 hrs).

NIGHT SHIFT HDU 2000-0900

One RMOs is rostered to night shift in the HDU. The shift starts with handover in the HDU meeting room at 2000 hrs. Immediately after this, they will conduct an RMO ward round of all the HDU patients. Upon completion of the HDU night ward round the HDU Night RMO should phone the HDU SMO on call and update them. This should occur before 2200 hrs. If there are patients the HDU SMO is concerned about, they may choose to attend the HDU handover meeting via zoom (and will also make the ICU SMO on call aware of the patient). The HDU Night shift RMO holds the MET phone and is the first port of call for MET calls and external referrals. These referrals should all be discussed with the on call ICU SMO or fellow (not the HDU SMO on call). The HDU Night Shift RMO may be required to assist with clinical duties in the ICU overnight, including admitting patients whom they have reviewed on the ward or in ED. It is expected that all night shift RMOs share the workload evenly and assist each other where required. The HDU night shift ends with handover in the HDU to the HDU day team at 0800hrs. An extra hour of paid non-clinical time is allocated to this 12 hour shift to allow for handover. Following handover the HDU night RMO will go home (often prior to 0900 hrs).

FLIGHT NIGHT ON CALL 1900 – 0700

This shift involves being on call from home from 1900 – 0700 hrs. It is expected that you are able to present to the hospital **within 20 minutes** of being called. You will be called in to cover acute retrieval

jobs. During a retrieval the RMO is expected to discuss the case with the duty intensivist prior to leaving the referring hospital and make a plan for the transfer. On arrival to ICU or HDU the Flight Night RMO is expected to complete the admission paperwork for a patient they have transferred (this may not always be enforced after hours if the unit is not busy, the priority is for the RMO to get home). At times the Flight Night RMO may be called in from home to cover the ICU instead of going on a retrieval. This could occur if the Flight Night RMO is not suitably skilled for a particular flight and another RMO working a night shift is deployed instead. In the event of short notice absence (eg illness) of the Night RMO the Flight Night RMO will be called in to cover the ICU and alternative cover for the flight night shift will be found. If an emergency flight occurs in the early hours of the morning it is possible that the Flight Night RMO shift finishes after 0700 hrs. The Flight Night RMO should claim call back rates for all hours worked when on this shift

RELIEF WEEKS

During relief weeks (Weeks 5, 6 and 17) registrars will provide cover for leave. This would involve a maximum of 5 shifts per week (usually a maximum of 4 shifts are rostered). This will usually only be from one shift pattern unless there are exceptional circumstances (e.g. exam courses). The relieving registrars will be given a minimum of 28 days' notice of any change to the rostered shifts. If not rostered to cover leave within the 28 days' notice period, the relieving registrars will not be required to be at work.

Short notice relief with less than 28 days' notice (eg to cover sickness) is not covered within the ICU roster. Short notice relief shifts are covered on a voluntary basis by a large pool of RMOs. These shifts are paid at additional duties rates.

EXPECTED AVERAGE HOURS OF WORK PER WEEK

Registrars 40.5 average hours on duty + 4.4 hrs on call

Classification: Category F

In accordance with the RDA and STONZ SECA this run is paid as **Category C** (clause 8.1.5)**.**

FLIGHT COVER

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.

ANNUAL LEAVE

Please try to request your annual leave as a whole week rather than 1 or 2 days. A whole week is better for you. The relieving registrars should ideally provide cover from one shift pattern. If you take 1 days leave you may prevent other registrars from taking leave that week.
You must request each shift you want leave for. You will be not automatically be granted leave for weekends unless you request it, if you are rostered to work.

SHIFT CHANGES / SWAPS:

Wellington ICU uses a programme called “Core Schedule” to electronically generate the roster. The programme allows you to trade shifts with other RMOs if required. All trades will need to be approved by either Dr Jason Wright (ICU SMO) or Kelly McCausland (Administrative Coordinator). This protects both RMOs 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. If this situation occurs, it is **the registrar’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.

ORIENTATION

Orientation sessions are run daily for the first three days of the run (the timetable will be sent before the run commences). All registrars 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.

APPENDIX

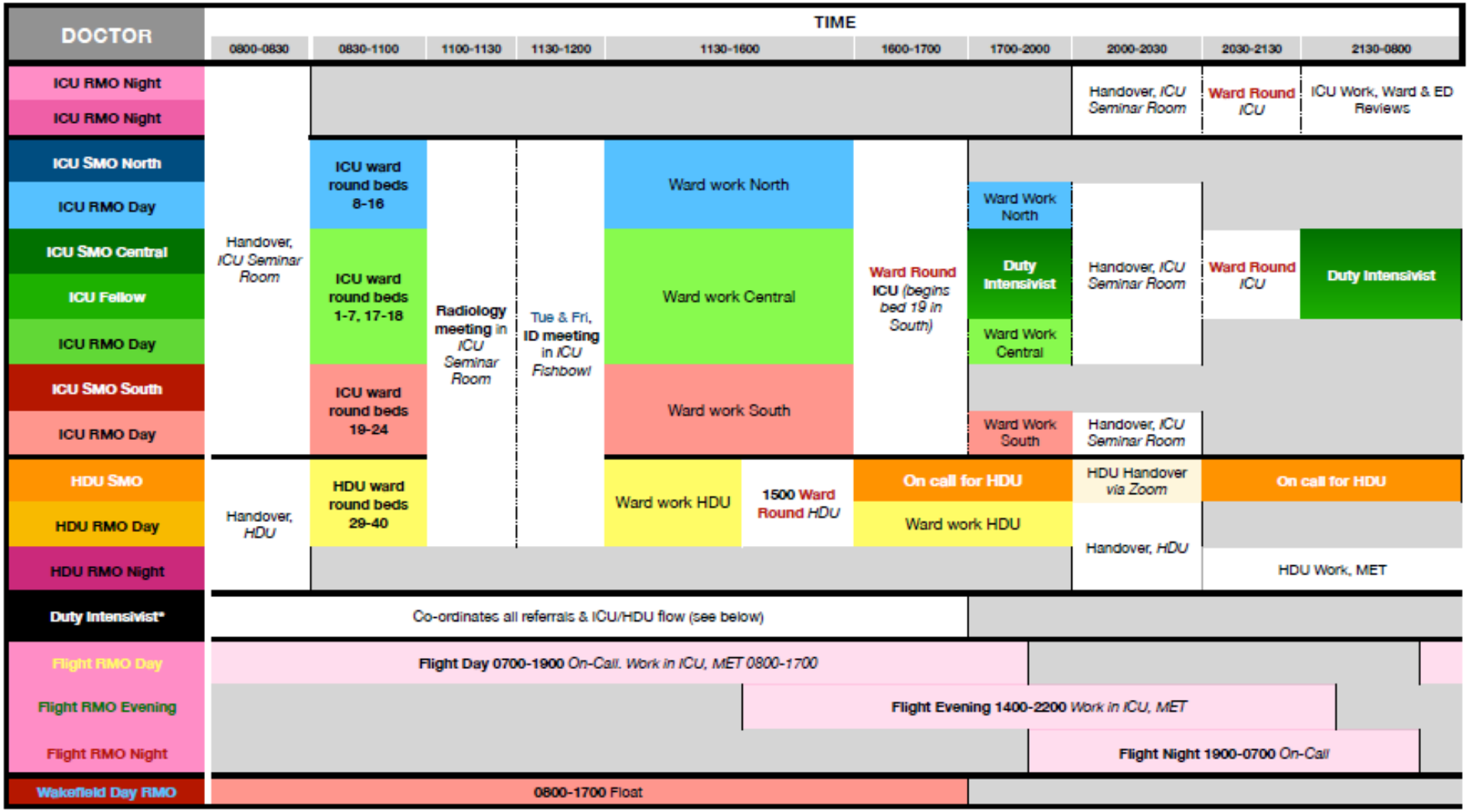
SUMMARY OF DAILY ACTIVITIES / MEETINGS / ROLE ALLOCATIONS

Attendance at:

Daily	08:00	Handover meeting
	08:45 – 11:00	Ward Round
	16:00	Ward Round
	20:00	Handover meeting
	20:30	Ward Round (for night registrars only)
Monday – Friday	11:00	Radiology Meeting
Tuesday and Friday	11:30	ID paper round
Tuesday	15:00	MDT round
Thursday	12:00 – 14:00	General Teaching
	14:00 – 15:00	Additional teaching (simulation, echo review etc)
Friday	13:00 – 15:00	Mortality Meeting and Departmental Education

Addendum One: ICU Staff allocations attached on next 2 pages

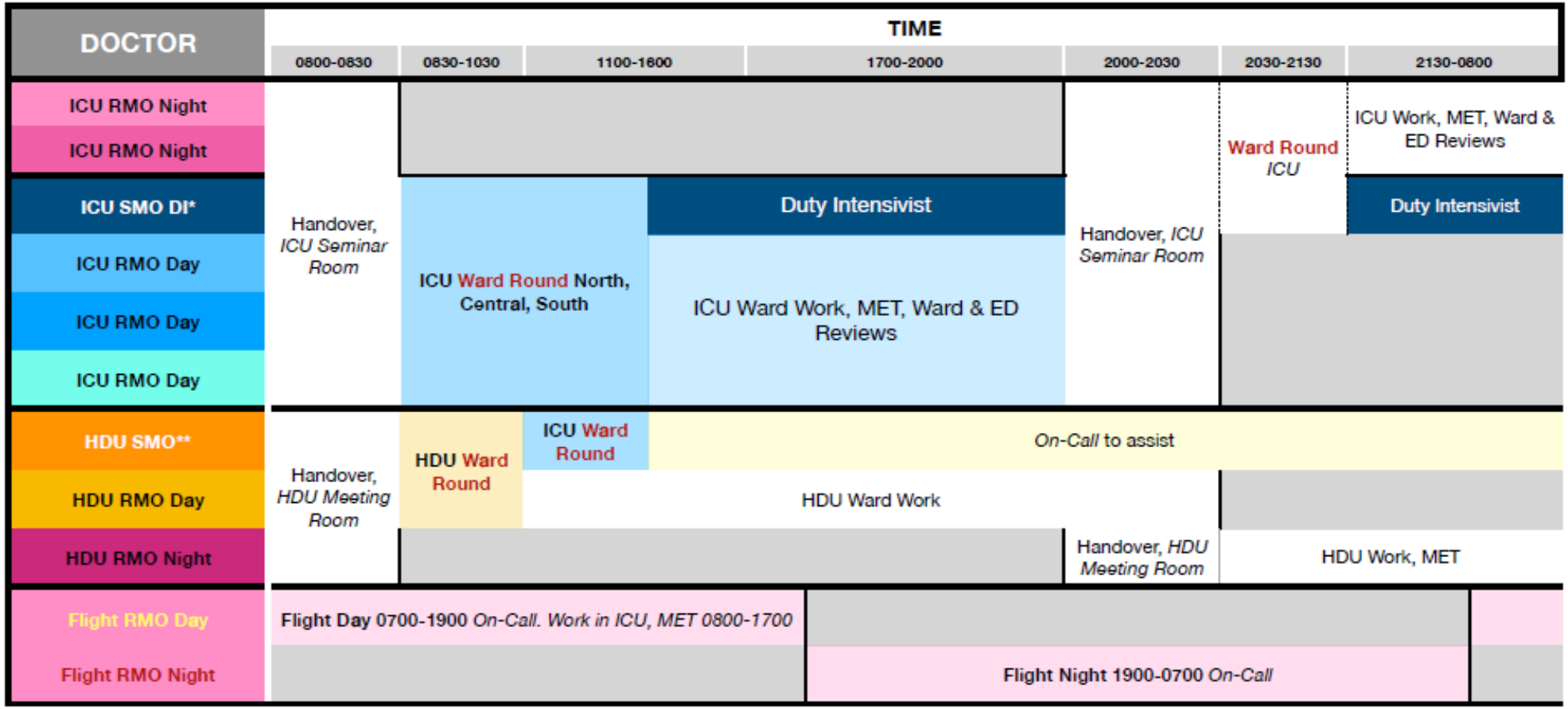
WELLINGTON ICU/HDU WEEKDAY MEDICAL STAFF ALLOCATION



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. *SMO Rest Day & Wakefield NCD roles are not shown here.*
MET attendance is primarily Flight RMO (day & evening) if in hospital, passing to HDU RMO Night.

***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

WEEKDAY SHIFT TIMES & DURATION

	SHIFT	Start Time	End Time	Duration (hrs)
RMO	ICU RMO Day	0800	2100	13
	ICU RMO Day	0800	2100	13
	ICU RMO Day	0800	2100	13
	HDU RMO Day	0800	2100	13
	ICU RMO Night	2000	0900	13
	ICU RMO Night	2000	0900	13
	HDU RMO Night	2000	0900	13
SMO/Fellow	ICU Fellow	0800	0800	24
	ICU SMO Central	0800	0800	24
	HDU SMO	0800	0800	24
	ICU SMO North	0800	1700	9
	ICU SMO South	0800	1700	9
	Duty Intensivist (day)	0800	1700	9
RMO FLIGHT	Flight RMO Day	0700	1900	12
	Flight RMO Evening	1400	2200	8
	Flight RMO Night (on-call)	1900	0700	0
WAKEFIELD FELLOWS	Wakefield Float Day RMO	0800	1700	9
	Wakefield Non-Clinical Day RMO	0800	1700	9
TOTAL				228