

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 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.

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 supervision 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 transition 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. 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 teaching each week on Wednesdays. 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). Fellows are expected to assist with delivery of teaching, particularly the clinical bedside teaching component. The SR / Fellow will generally attend the teaching aimed at more senior RMOs, this occurs on Wednesday afternoons.
- * 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 as required depending on the educational needs of ICU trainees working in the unit at the time

A specific timetable of the training opportunities is given below:

Senior ICU Trainee Teaching	Every Wednesday	1200 – 1400	
Case reflection sessions	Every second Mon	13:00 – 14:00	
Multidisciplinary Simulation	Every second Thurs	1400 -1530	(attendance allocated 1-2 x per run)
CICM Exam Hot Case Teaching	As required		
M&M Meeting and ICU Education	Every Friday	1300 – 1500	
Paeds in-situ Simulation	Monthly on Weds	1300-1500	(1-2 RMOs allocated each time)

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 a case study. This session will be allocated at least every 6 months. Fellows will also be expected to assist with clinical bedside teaching and hot case practice as part of the weekly Senior ICU Education Programme.

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 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.

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
- 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
- Liaison 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 liaison 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	OC	NC	O	O		2
	0	0	0	13	4	0	0	17	
F3	NORTH	OC	NC	SOUTH	DI	O	O		5
	9	13	4	9	9	0	0	44	
F4	R	R	R	R	R	R	R		
	0	0	0	3	0	0	0	43	

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

FELLOW / SR ON CALL

This is a 24 hr on call shift. During the day you are the acting SMO looking after the North Pod (Senior Registrars) or the Central Pod (Fellows) under the supervision of the rostered SMO. After 1700hrs ICU RMOs will contact you directly with questions and referrals. External referrals will be managed by the on call SMO with the exception of ICU Transition Year Fellows who will also have the opportunity to take external referrals. Senior Registrars are supervised by the on call ICU SMO overnight. CICM TY fellows are practising more independently and may go on to the SMO roster towards the end of the transition year. In that situation they will call the on call HDU SMO for advice if required. Fellow / SR On Call shifts are paid to be on duty from 0800 – 2100hrs. Going home between 1700 and 2000 hrs is acceptable if the unit is quiet enough to do so. Hours after 2100hrs are paid as additional duties. Once you have gone home you are on call overnight. Being called back to the hospital results in being paid a call back. It is expected that the on call Fellow / SR will attend handover the next morning from 0800-0900.

FELLOW / SR NORTH / SOUTH / DI DAY SHIFT

9 hour day shift 0800-1700. Managing a designated pod of the ICU, acting in the SMO role with supervision from a designated rostered SMO. Once the SR transitions to a fellow role they are eligible to do a shift as the duty intensivist (DI). This involves being the referral point for all ICU and HDU internal and external referrals. The hours are the same, 0800-1700.

FELLOW / SR NON CLINICAL DAY

4 hours shift 0800-1200. This shift is a place holder on the roster to designate the presence of paid non clinical time for the Fellow / SR role. This time is flexible and can be used at the discretion of the SR / Fellow depending on the non-clinical work they are doing

FELLOW / SR NIGHT SHIFT ICU.

13 hour shift – 2000 – 0900. Two RMOs are rostered to night shift in the ICU. On the weekends one of these RMOs is the SR / Fellow. The shift starts 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 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 SR / Fellow continues to function at a senior level overnight, supervising more junior staff and independently taking referrals and admitting patients if permitted to do so. 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).

RELIEF WEEK

During Week 4 the Fellow / SRs will provide cover for leave (which may be from either the Fellow / SR or the registrar roster). 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 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 / SR may be allocated days shifts covering North / South / HDU or duty intensivist roles (0800-1700).

The relieving Fellow / SR will be given a minimum of 28 days' notice of any change to the rostered shifts.

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.

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	

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	

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. Note that Fellow / SRs only potentially cover these shifts when on a relief week. Co-ordination of flight services after hours is usually the responsibility of the on call SMO – this is not delegated to the Fellow / SR without sufficient support and experience.

Not flying

Flight duties are optional. If a Fellow / SR does not want to fly during the run this can be accommodated. They may still 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.

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':

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.

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
Wednesday	12:00 – 14:00	Senior ICU Trainee Teaching Programme
Thursday	14:00 – 15:00	Additional teaching (only if rostered on)
Friday	13:00 – 15:00	Mortality Meeting and Departmental Education

Addendum One: ICU Staff allocations attached on next 2 pages

WELLINGTON ICU/HDU WEEKEND & PUBLIC HOLIDAY MEDICAL STAFF ALLOCATION

DOCTOR	TIME						
	0800-0830	0830-1030	1100-1800	1700-2000	2000-2030	2030-2130	2130-0800
ICU RMO Night							
ICU RMO Night						Ward Round ICU	ICU Work, MET, Ward & ED Reviews
ICU SMO DI*	Handover, ICU Seminar Room			Duty Intensivist		Handover, ICU Seminar Room	Duty Intensivist
ICU RMO Day							
ICU RMO Day		ICU Ward Round North, Central, South		ICU Ward Work, MET, Ward & ED Reviews			
ICU RMO Day							
HDU SMO**							
HDU RMO Day	Handover, HDU Meeting Room	HDU Ward Round	ICU Ward Round		On-Call to assist		
HDU RMO Night						Handover, HDU Meeting Room	HDU Work, MET
Flight RMO Day		Flight Day 0700-1900 On-Call. Work in ICU, MET 0800-1700					
Flight RMO Night						Flight Night 1900-0700 On-Call	

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