

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:

- 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. After the first 6 months, the registrar will be invited to join the Senior teaching stream instead, this occurs at the same time but on Wednesday afternoons

Training requirements and opportunities include:

Registrar Teaching Program	Weds or Thurs	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 (if allocated)	Monthly on Wednesday	13:30 – 15:30

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.

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

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.

Additional time is paid on Thursdays to cover for attendance at compulsory teaching sessions 12pm – 3pm

HOURS OF WORK

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

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	R/FLOAT D	R/FLOAT D	R/FLOAT D	R/FLOAT D	R/FLOAT D	O	O		5
	9	9	9	9	9	0	0	45	
W3	D	NCD	FE	O	O	WD	WD		5
	13	9	8	3	0	11.5	11.5	56	
W4	O	O	FD	D	D	O	O		5
	0	0	12	13	13	0		38	

WAKEFIELD NIGHT SHIFT 1900 – 0830 (WN)

These are night shifts on duty at Wakefield Hospital, providing RMO cover for ICU patients and ward patients. An ICU SMO (all the SMOs on call at Wakefield also work in Wellington ICU) is on call for any patients in ICU and can assist you with any problems. It is expected that the Wakefield ICU SMO on call will give a handover of the ICU patients (via phone call or text) to the Wakefield ICU RMO when they start their night shift, and the RMO will do the same for the incoming Wakefield ICU SMO the next morning. We roster RMOs to cover these shifts Monday – Thursday. Friday – Sunday these shifts are filled by Wakefield Hospital directly. Preference is for RMOs with airway experience (minimum of 12 months of clinical time spent in anaesthesia) or those with significant ICU experience. Payment for these shifts is made directly by Wakefield Hospital (currently these are paid at a rate of \$130 per hour) You can let us know if you would like to be considered for these additional shifts.

WAKEFIELD WEEKEND DAY SHIFT 0800 – 1930 (WD)

These are on duty shifts at Wakefield Hospital, providing RMO cover for ICU patients and ward patients. Usually the ICU is closed on the weekend so it is primarily dealing with ward patients. On site accommodation and meals are provided. There is no ICU SMO rostered on during the weekend. Issues for ward patients are discussed with the patient's primary surgeon in the first instance. The on call ICU SMO at Wellington Hospital is always available if advice or assistance is needed in an emergency.

DAY SHIFT ICU 0800 – 2100 WELLINGTON ICU (D)

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).

FLIGHT DAY 0700 – 1900 WELLINGTON ICU (FD)

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 WELLINGTON ICU (FE)

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.

NON CLINICAL DAY SHIFT 0800 – 1700 WELLINGTON ICU (NCD)

This is a rostered non clinical shift which occurs once per month for Wakefield RMOs. This allows dedicated paid non clinical time for them to focus on their non-clinical portfolio. There is room for flexibility with this shift, the RMO may use this paid time at other times as suits their own learning goals (for example they may want to attend for 2 hours every week to practice doing echo). The RMO will not be expected to cover clinical duties while rostered on to this shift.

FLOAT DAY 0800 – 1700 WELLINGTON ICU (FLOAT)

The Float Day RMO attends the ICU handover in the seminar room from 0800 hrs. The Float Day RMO is the first port of call for MET calls and external referrals. These referrals should all be discussed with the Duty Intensivist SMO. If not seeing external referrals 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 Float Day RMO holds the MET phone. When a Day Shift RMO is absent at short notice (eg due to illness) the Float Day RMO will be asked to cover that role for the day (this may include ICU, HDU or Flight duties). There is no expectation that the Float Day RMO will stay beyond their rostered finish time of 1700 hrs in this situation. However if they choose to do so they will be paid additional duties for hours worked beyond 1700. The Float Day RMO may prefer to use their time to work on their allocated non clinical portfolio. This can be accommodated if the unit is quiet and the ICU SMO agrees.

RELIEF (R) vs FLOAT DAY

During Week 2 the RMO may be rostered onto a Relief shift instead of Float Day shift. 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 (ie as leave requests allow), the registrar is rostered to a Float role instead. The relieving registrars will be given a minimum of 4 weeks' notice of any change to the rostered shifts. If the Relief shifts involve any longer hours than the equivalent 9 hr Float Day Shift these will be paid as additional duties.

Short notice relief with less than 28 days' notice (eg to cover sickness) is not covered within the ICU roster (the exception to that is if the Float Day RMO is rostered on they can provide cover within their already paid and rostered hours). Short notice relief shifts are covered on a voluntary basis by a large pool of RMOs, and are paid at additional duties rates.

EXPECTED AVERAGE HOURS OF WORK PER WEEK

Ordinary hours: 48.25 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. ICU Specialists provide supervision at both Wakefield and Wellington Hospital.

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.

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

WELLINGTON ICU/HDU WEEKDAY MEDICAL STAFF ALLOCATION

DOCTOR	TIME									
	0800-0830	0830-1100	1100-1130	1130-1200	1130-1600	1600-1700	1700-2000	2000-2030	2030-2130	2130-0800
ICU RMO Night										
ICU RMO Night										
ICU SMO North		ICU ward round beds 8-16			Ward work North		Ward Work North	Handover, ICU Seminar Room	Ward Round ICU	ICU Work, Ward & ED Reviews
ICU RMO Day										
ICU SMO Central	Handover, ICU Seminar Room									
ICU Fellow		ICU ward round beds 1-7, 17-18								
ICU RMO Day										
ICU SMO South										
ICU RMO Day		ICU ward round beds 19-24			Ward work South		Ward Work South	Handover, ICU Seminar Room		
HDU SMO										
HDU RMO Day	Handover, HDU	HDU ward round beds 28-40			Ward work HDU	1600 Ward Round HDU	Ward work HDU	HDU Handover via Zoom	On call for HDU	
HDU RMO Night										
Duty Internist*†	Co-ordinates all referrals & ICU/HDU flow (see below)									
Flight RMO Day	Flight Day 0700-1800 On-Call. Work in ICU, MET 0800-1700									
Flight RMO Evening	Flight Evening 1400-2200 Work in ICU, MET									
Flight RMO Night	Flight Night 1900-0700 On-Call									
Weekend Day RMO	0800-1700 Float									

Average/role 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 Internist (DI): DI takes all external calls (regional hospitals). In-hospital referrals (ED, PACU, ward), PAR & MET reviews, receives & co-ordinates all referrals, 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

DOCTOR	TIME						
	0800-0830	0830-1030	1100-1800	1700-2000	2000-2030	2030-2130	2130-0800
ICU RMO Night							
ICU RMO Night							
ICU SMO DI*							
ICU RMO Day							
ICU RMO Day							
ICU RMO Day							
ICU SMO**							
ICU RMO Day							
ICU RMO Night							
Flight RMO Day							
Flight RMO Night							

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