

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Department of Intensive Care Medicine (DICM)
PLACE OF WORK:	Middlemore Hospital
RESPONSIBLE TO:	General Manager Acute Care and Clinical Head DICM
FUNCTIONAL RELATIONSHIPS:	Patients and their Families, Hospital and Community based health care workers.
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Department of Intensive Care Medicine.
RUN RECOGNITION:	Recognised by the JFICM, ANZCA, ACEM and RACP for purposes of advanced training.
RUN PERIOD:	Six months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Clinical Duties:</p> <ul style="list-style-type: none"> • There is 24-hour Registrar cover. • The Registrar will care for patients in the Intensive Care Unit in conjunction with DICM medical and nursing staff. • The Registrar on duty will be available to respond to all clinical emergencies at Middlemore Hospital. This includes the hospital grounds, mental health unit and the western campus. • The Registrar will provide an assessment and consultation service to other specialties within the hospital as requested • The Registrar, in conjunction with the Intensive Care Specialist, will give advice and assistance to other specialties within the hospital. This includes working with the "PUP" (physiologically unstable patient) team, and the Intensive Care Outreach service, for patients not directly under DICM care. • The Registrar may be asked to stabilise and transfer critically ill patients from Middlemore to other hospitals. All transfers are to be discussed with the duty Specialist. If there is only one DICM Registrar available to perform that transfer, the duty Specialist will cover the Registrar duties for the period of the transfer. • The Registrar will attend Specialist rounds in the unit; unless attending an emergency.

<i>Area</i>	<i>Responsibilities</i>
	<p>Orientation:</p> <p>During the first week of the run Registrars are expected to attend the morning orientation sessions. Attendance is compulsory unless the Registrar has worked in this unit within the previous 12 months and been given exemption. If these sessions fall outside normal rostered duties the time will be paid as additional duties hours. The orientation will include a full day 9-4pm on the first Monday of the run as well as morning sessions on the Tuesday and Wednesday. During that time the Registrar clinical duties will be covered by rostered specialist Intensivists. Unless exceptional circumstances (bereavement or sick leave), there will be no leave granted in the first week of the run.</p> <p>All RMOs will be sent an electronic copy of the MMHICU handbook at least a month before commencing the rotation. It is expected that RMOs will have read this prior to orientation</p> <p>Transports:</p> <p>The majority of transports from Middlemore Hospital are road transports of adult patients to Auckland City Hospital for neurosurgical or cardio-thoracic care. As there is currently no separate transport service at Middlemore for patients requiring a medical escort, DICM is often called upon to perform this task. As with any other patient escort the safety of the patient must be balanced against the urgency for transport. As such, all transport decisions must be discussed with the duty Intensivist.</p>
Administration	<ul style="list-style-type: none"> • Legible notes, dated and timed, will be written in patient charts within the Intensive Care Unit, and when patients are seen and assessed in other wards, or in Emergency Care. Each Registrar should sign their notes with a legible signature and contact number • Where there are two Registrars available, they will divide the clinical and administrative duties in a flexible manner. When a patient is admitted to ICU the admission note should be written by the Registrar who knows the patient best (i.e. took part in the assessment or resuscitation, or took the clinical handover). Transfer documents should be prepared by the night registrar if morning transfer out of the unit has been predicted on the 2030hr round. Registrars should liaise closely with the primary care teams, particularly when discharging or transferring patients. This includes a verbal handover, and a written summary. • DICM Registrars are responsible for the completion of death certificates, or other death related paperwork, for patients who have been under ICU care. Often there will be discussion with the Specialist regarding the question of referral to the Coroner. The Bereavement Care team will co-ordinate appropriate paperwork, and can also provide the coroner's contact details. • Discharge Summaries are to be completed for patients discharged from the Intensive Care Unit. This includes inter-hospital transfers, discharge home, and deaths.

Section 2: Training and Education

Details

Education:

Registrars are encouraged to attend and contribute to departmental and intrahospital educational meetings whenever possible. Registrars have an average of 4 hours of protected training time per week for the purpose of medical learning activities, including attendance of organised post-graduate college exam teaching sessions. This is averaged; as shift work and the nature of Intensive Care makes scheduling of this time variable. It is the Registrars responsibility to notify the Specialist on call if they need to be relieved of their clinical duties to attend a formal teaching session. The run is recognised for advanced training in the following specialities; Intensive Care Medicine, Anaesthesia, Emergency Medicine and General Medicine.

Monthly ICU education days are held. All registrars except those who are on leave are expected to attend unless give prior approval. Night registrars should where feasible attend the first morning session only

Research:

An optional research project can be undertaken during the rotation. These will be presented on the last education day of the run.

Section 3: Roster

Roster

There are 10 Registrars employed on the DICM roster.

The shift roster is designed to provide twenty-four hour cover. Where possible there are two Registrars from 0800-2400hrs. Handover occurs at 0830 and 2030 followed by the ward round The shift hours are:

Day In 0830-2100 (12.5hr)

Day Out 0830-2100 (12.5hr)

Night In (2030-0900 (12.5hr)

Night Out (2030-0900 (12.5hr)

R : Reliever.

R Duties:

The Registrar will be allocated relieving duties, up to (but not exceeding) the shifts applicable for any other week on the roster; i.e. no more than 50 hours.

If no-one is on leave the R Registrar will be expected to attend the ICU teaching session (ICT) on Wednesday. The rest of the week is available for private study, or research, however short notice cover for sickness could still be required.

Section 4: Cover

Other Resident and Specialist Cover

Absence from work owing to annual leave, education leave or sickness will be covered internally by other Registrars within the department. Applications for leave should be submitted as early as possible to facilitate cover arrangements.

In event of leave; the reliever to cover will be the one whose previous subsequent weeks shifts best fit with the shifts to be covered .If two Registrars are away then the second reliever will be used. Where possible at least four weeks notice will be given to those covering leave. Short notice cover (e.g. sickness) will often be covered by one of the relieving registrars. Each week of relieving duties undertaken on the run will be eligible to be paid at two categories above (i.e. A category).

We recommend that every Registrar have at least two weeks leave during the attachment. However in order to give a fair distribution of leave to all registrars (whether or not sitting exams) it is uncommon for each DICM Registrar to be granted more than three weeks planned leave during the 26 week attachment. Usually there can only be two registrars on leave at a time, unless exceptional circumstances. This means bereavement, sickness, and exam dates. Due to the seniority and variety of training programmes of the Registrars allocated to this run, it is common to have several people sitting Part I or Part II exams. There are varying exam dates for each college (JFICM, ANZCA, ACEM and RACP). Leave for exam dates will have priority over generic study leave.

Section 5: Performance appraisal

Service

Performance will be assessed by the Intensive Care Supervisor of Training. This is undertaken in conjunction with the Intensive Care Specialist group, with input from the wider team (e.g. Associate Charge Nurses, Outreach, Allied Health and Management). Clinical skills, judgement and knowledge are expected to improve during the attachment. Attachment educational goals and performance will be assessed and discussed with the Trainee in a formal meeting at the beginning of the attachment, and again at 3 months and 6 months. If deficiencies are identified during the attachment the Registrar will be formally notified. Clear guidelines and goals will be set for the trainee to amend performance or knowledge concerns. The Supervisor of Training may also liaise with the VTC for the non-Intensive Care trainees if indicated.

Section 6 Roster Pattern:

Week	MON	TUE	WED	THU	FRI	SAT	SUN
1	Nout	Nout	Nout	Nout			
2	R	R	T/R	R	R	R	R
3				Nin	Nin	Nin	Nin
4				Dout	Dout	Dout	Dout
5		Dout	Dout	Din			
6	Dout				Nout	Nout	Nout
7					Din	Din	Din
8	R	R	T/R	R	R	R	R
9	Nin	Nin	Nin				
10	Din	Din	Din				

Section 7: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Rostered Hours	46	
All other unrostered hours	2	
Total hours per week	48	

Salary: The salary for this attachment will be as detailed as a Category F and will be remunerated at a Category C.