

## **RUN DESCRIPTION**

<b>POSITION:</b>	<b>Registrar – ICU (Intensive Care Unit)</b>
<b>DEPARTMENT:</b>	ICU (Intensive Care Unit)
<b>PLACE OF WORK:</b>	North Shore Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director Intensive Care Unit & Manager of Acute Services.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the safe and effective management of patients under the care of the Intensive Care Unit, and to assist when appropriate in the management of seriously ill patients elsewhere within North Shore Hospital.
<b>RUN RECOGNITION:</b>	
<b>RUN PERIOD:</b>	26 weeks

### **Section 1: Responsibilities**

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties &amp; Work Schedule</b>	<ul style="list-style-type: none"> <li>• Be responsible for the admission of intensive care patients from within North Shore Hospital or where transferred from other hospitals. However, note that the final decision for admission of a patient to the ICU is made by the duty ICU specialist and must be discussed with the latter.</li> <li>• Assist the duty intensive care specialist in the resuscitation and day to day management of patients within the ICU.</li> <li>• Be responsible for the process of transfer to another NSH ward, or discharge outside NSH (eg to another hospital), of intensive care patients. However, note that the final decision for transfer or discharge is made by the duty ICU specialist and must be discussed with the latter.</li> <li>• Keep the duty ICU specialist informed about the state of ICU patients, particularly the critically ill ones and/or those which may need complex technical skills to resuscitate.</li> <li>• Through the hours rostered, to be immediately available to respond to nursing staff requests to see patients urgently in the unit.</li> <li>• To liaise closely with the nurse coordinator of each shift, particularly re patient admissions and transfer/ discharges.</li> <li>• Ensure that in the event of a consultation being requested by another service or ward, the patient is promptly assessed and the duty ICU specialist is made aware of the problem.</li> <li>• To assist in the transfer of critically ill patients within NSH or to another hospital as thought appropriate by the duty ICU specialist.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• Carry and respond to the cardiac arrest pager (as part of the NSH cardiac arrest team) during rostered hours. Calls through to this pager include cardiac arrest calls, trauma calls, medical emergency calls, maternal emergency calls, and standard consultations.</li> <li>• Where the ICU has agreed to advise in management of a patient on the ward, to liaise with the ward medical/ surgical team and to do repeated re assessments of the patient as necessary.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>1. “The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed.”</li> <li>2. “Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so.</li> </ol> </li> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the ICU/HDU directly or the RMO Support Unit (Duty Manager after hours) directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.</li> <li>• As an RMO working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> </ul>

## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Time	<p>The registrar will attend (unless attendance is required for emergencies in the unit), the:</p> <ul style="list-style-type: none"> <li>• ICU teaching session (weekly, on Tuesday)</li> <li>• ICU Journal Club alternate Thursday mornings</li> <li>• M + M every second month (on Tuesday, in lieu of teaching, attendance mandatory)</li> </ul> <p>It is recognised that the training registrar’s primary speciality may not be Intensive Care and that they will wish to attend their primary speciality meetings (eg teaching round, journal club, grand round, medical science lecture) – this is facilitated whenever possible, given that their primary responsibility is to the intensive care unit while rostered on for it. The duty ICU specialist will decide whether conditions within the ICU permit the registrar to attend the meeting.</p>

### Section 3: Roster

#### Hours Of Work

The hours of work for the registrar are:

Rostered shifts

- Monday – Sunday 0800-2000 and 2000-0800

Average weekly hours on duty over a roster cycle (4 weeks) are 35.3

Number of weekends on duty 1:2

### Section 4: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> <li>• Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.</li> <li>• If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant.</li> </ul>	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"> <li>• an initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time.</li> <li>• an interim assessment report on the Registrar three (3) months into the run, after discussion between the Registrar and the Consultant responsible for them;</li> <li>• the opportunity to discuss any deficiencies identified during the attachment. The ICU Clinical Director and/or the ICU Supervisor of training will bring these to the Registrar's attention, and discuss and implement a plan of action to correct them;</li> <li>• a final assessment report on the Registrar at the end of the run, a copy of which is to be sighted and signed by the Registrar.</li> <li>• Performance will be assessed by the ICU supervisor of training and the ICU clinical director, along with assessments from the other ICU specialists. .</li> <li>• The training registrar's career process will be supervised by a consultant of their primary speciality, who may be different from the consultants named above.</li> </ul>

## Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	35.3	
Rostered additional hours (inc. nights, weekends & long days)	6.20	
All other unrostered hours	5.00	
Total hours per week	46.5	

**Salary:** The salary for this attachment is calculated as a Category F and remunerated at a Category C.