POSITION DESCRIPTION – Alfred Junior Medical Staff

DATE REVISED: March 2019

POSITION: Senior Registrar – Intensive Care


CLINICAL PROGRAM: Emergency & Acute Medicine

DEPARTMENT/UNIT: Intensive Care

DIVISION: Operations

ACCOUNTABLE TO: Unit Head/Director of relevant Unit/ Department; Relevant Director of Training

TIME ALLOCATION (HRS/WK): Full time/Part time (overtime as required)

ALFRED HEALTH

Alfred Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and is also a major provider of specialist services to people across Victoria. The health service operates three outstanding facilities, The Alfred, Caulfield, and Sandringham.

Further information about Alfred Health is available at www.alfredhealth.org.au

OUR BELIEFS

Our staff are expected to demonstrate and uphold Alfred Health beliefs, which are:

- Patients are the reason we are here – they are the focus of what we do.
- How we do things is as important as what we do. Respect, support and compassion go hand in hand with knowledge, skills and wisdom. Safety and care of patients and staff are fundamental.
- Excellence is the measure we work to everyday. Through research and education, we set new standards for tomorrow.
- We work together. We all play vital roles in a team that achieves extraordinary results.
- We share ideas and demonstrate behaviours that inspire others to follow.

DEPARTMENT

Details of each Clinical Department are as outlined on the Alfred Health website under “Services and Clinics”.
POSITION SUMMARY & LEARNING OBJECTIVES

This role is that of a Registrar within the Intensive Care Department, located at Alfred Health, or on rotation to other Health Services.

This role has the key responsibility for co-ordinating the day to day work of the Unit and supervision of more junior medical staff and managing their duties. The placement is designed to provide appropriate exposure and experience to enable the doctor to attain the required skills and knowledge for that term in that discipline. In addition, skills progression should assist the registrar to meet the requirements of specialist training programs.

Learning objectives are described within the relevant specialist college training requirements and learning objective documents.

Each Alfred Health Unit has specific requirements which are provided in the individual unit handbook, available on the Alfred Health intranet at Resources/ HMO Resources. It is most important that the relevant unit handbook be read prior to the commencement of each rotation.

SENIOR ICU REGISTRARS

There are 7 positions through which these registrars rotate – one for each pod during day, an external day SR and 3 SRs at night: one internal to provide supervision and support to the REGISTRAR OR SRMOs working in each of the three pods, and one external to cover MET calls, trauma calls, referrals and ward follow up. A third SR/Fellow is rostered to a hospital Clinical Leadership role overnight. Along with this, a certificate course in Clinical Leadership is offered over the course of the year, to complement the experience gained in the role.

They are advanced trainees in intensive care medicine.

They are expected to have successfully completed a primary exam for the CICM (or equivalent), and have at least 6, but preferably 12 months Anaesthesia experience and training. They may have already completed their Fellowship exam. They are usually in their final year of training or after.

Each SR is allocated a consultant mentor for feedback, support and development.

Each SR is also expected to provide mentoring and support to more junior medical staff.

Hospital (external) Ward Senior Registrar (Day 07.30-20.00) (Night 19.30 – 08.00):

These Senior Registrars are responsible for:

1. ICU Follow-ups and review of tracheostomy patients. This is done as a ward round with the ICU consultant (on for wards) and the ICU nurse liaison staff.
2. ICU referrals. This responsibility includes monitoring bed state and bed demand. This involves liaising with all of the ICU areas as well as the Patient Access Nurse (PAN Ext 60716), and managing any patients awaiting admission to the ICU under consultant direction and supervision. ICU charts should be commenced whether in recovery or ED and clear instructions for the nursing staff written in the relevant areas. Even though these patients are not physically in ICU they should be reviewed at normal ward round times with the external ICU consultant.
3. Cardiac arrests (code blues) and MET calls
4. Data base maintenance. They are responsible for maintaining the Powerchart ICUview database at the start and end of each shift by adding all ICU or HDU referrals and refusals, potential discharges and patients follow up.
5. Daily (weekday) 15:00 elective admission planning meeting in the ICU.

ICU (Internal) Night Senior Registrar 19.30 –7:30:

This job involves overseeing the care of all ICU inpatients and supervising the Registrars or SRMOs on for all the areas. The shift starts with attendance at the night handover ward round.

SR educational responsibilities
Senior Registrars have teaching time on Wednesday and Thursday afternoons. They will be expected to present several times during the year at both of these education sessions. They are expected to attend the Journal Club during their week on clinical service to contribute to the discussion of classic and current ICU research. In addition, they may be asked to present cases for discussion. Attendance is also expected at echo teaching and bronchoscopy teaching when rostered on for day shifts.

All SRs are encouraged to attend the weekly consultant meeting in the ICU seminar room on Tuesday afternoon when workload permits (this is not protected time). This session is used to review morbidity and mortality, quality assurance and clinical issues, as well as administrative aspects of the consultant role. It is expected that those SRs who have passed their fellowship exam will attend these meetings when they are rostered on, if clinical workload permits.

SRs are also integral to the research endeavours of the unit. They are strongly encouraged to be involved in a research project during the year. There are ample opportunities to complete the formal project aspect of CICM training. SRs are also expected to identify patients who may be eligible for enrolment into a trial. In some cases, we also depend upon the SRs to prescribe or initiate treatment in accordance with trial methodology. Please see appendix on research for more information about the specific trials currently being undertaken in the ICU.

**ICU FELLOWS**

Fellows in the Alfred Intensive Care are senior CICM or equivalent trainees, recognised for having completed their fellowship exam, and have completed their minimum training time for the CICM (or equivalent). They must have at least 12 months Anaesthesia experience.

Their role and roster is the same as the SRs (see above), but includes a higher expectation of non clinical and administrative responsibilities. This reflects that they are not studying for a fellowship exam, and their level of training and experience. It is expected that they will be involved in elements of teaching, research, protocol and guideline writing/revision, and departmental management.

They answer directly to the rostered ICU consultant.

**After hours Clinical Lead: Role description**

This is an out of hours (weekend day 0800-2030 and 7 night 20:30-0830) hospital leadership position, staffed by Senior Registrars rotating from ICU and also registrars from ED and General Medicine.

They are required to display independent leadership and communication with night medical staff in hospital, as well as liaising directly with individual unit on call staff, if further escalation is required they will be supported by the ICU night consultant.

The role requires they take responsibility for a team of hospital ward medical staff including the medical and surgical residents and registrars. The emphasis is on quality patient care: progressing a patient’s care not simply managing deteriorations. This should provide a motivated successful team environment for all staff, in particular the medical staff. They will be required to develop a sustainable team structure as this is a position, with a newly structured roster. As such, some non clinical and non-technical skills will be necessary- as this is a significant change from previous years, and from other hospitals. It is expected that the role will evolve significantly as the team undertakes the Hospital at night with the new structure. The Clinical Lead will be instrumental in developing and leading further changes.

Feedback on the structure and function of the team will be actively sought, and can be directed to Steve McGloughlin for this particular role.

They will liaise closely with the nursing leadership team including the clinical operations manager and the night coordinator.
Tasks include:

At the start of each shift the Clinical lead will orientate themselves to the current hospital state, including available beds, admissions waiting, tasks registered to be undertaken on task management system, and know which medical staff are rostered. They will review the previous shift and previous week’s performance. This will provide the basis for team handover when the staff begin their shift.

The Clinical lead will:

- Have the responsibility and authority to manage and lead the team.
- All residents, medical registrars, and surgical registrars will take direction when required from the Clinical lead. This will at times include being tasked to undertake admissions, inpatient reviews, and procedures when they are considered best positioned to provide the care for that patient.
- Coordinate and lead handovers, at start of and during the shift.
- Actively promote and model a healthy positive attitude towards collegial collaboration through the shift, including coordinating break periods.
- Provide education, supervision and clinical support across medical and surgical specialties.
- Offer immediate feedback on each and EVERY patient requiring escalation (MET and Clinical Review Criteria reviews). Specifically, whenever a patient clinical review is performed for a notified Clinical Review Criteria, a resident (or at times a registrar) will be required to both assess and manage that patient, but also to report that assessment and plan to the Clinical lead.
- Determine (and be involved when required) when escalation outside of the hospital is required (on call specialty registrars/consultants).
- Focus on whole of hospital bed management, patient care progression, quality and safety.
- Determine and oversee Cardiology bed admissions, and contact cardiology when required for advice or intervention.
- Manage monitored beds
- Determine NIV usage forward patients, and inform Resp Registrar on call in order that they follow patient.
- Be available to assist all staff including MET team/external SR as a clinical leader.
- Monitor workload allocation including admissions, clinical reviews, and individual patient care requirements, and redistribute workload to achieve the greatest efficiency advantage to the hospital.

Reporting structure:

Although they will assume the most senior in hospital responsibility for the hospital, they will report directly to relevant specialty unit on call registrars/consultants about both clinical and non-clinical issues. However, as an ICU Senior Registrar, the ICU night consultant is expected to be involved when any further escalation is required. Ultimately they are accountable to the Intensive Care and Hyperbaric Director.

KEY RESPONSIBILITIES

The clinical role of the fellow and registrar clearly overlap; however, the fellow should act as an adviser and mentor to the registrar (and also resident).

- Responsibility for decisions re-management and leading daily ward rounds including total patient care within unit under the consultant supervision
- Co-ordinating the day to day work of the Unit
- Close liaison with Unit SMS, particularly regarding patients requiring operative treatment
- Key responsibility for:
  - Assessing all patients on presentation and in the Emergency Department in a timely manner. Some duties may be delegated to resident staff (eg admission notes, drug charts, investigation ordering etc)
  - Diagnosis and treatment plan, including theatre if required
  - Initiating, implementing and monitoring management of patients under supervision, incorporating the appropriate testing and investigation
o Ensuring that results of investigations are available and known

o Liaising regularly and as direct contact with the consultant

o Escalation to consultant of patients concerns, consistent with Alfred Health Consultant Notification and Escalation of Care guidelines

o Organising and managing daily ward round (This is often independent of the consultant ward round)

o Attendance and, in certain circumstances, running of Code Blue and MET calls

o Ensuring timely discussions with patients and their family, providing counselling and support where required

o Accepting referrals from other units (including Emergency) seeking speciality input and ensuring these are seen in a timely manner and referred promptly to a member of the SMS

• Supervision of more junior medical staff within the Unit – education of junior staff in clinical management and procedural techniques (where the Fellow or Registrar is appropriately skilled)

• Thoroughly and promptly correlate and document in the medical record the relevant patient information in an appropriate and ongoing manner, from the initial assessment, differential diagnosis, investigations, treatment plan and clinical progress

• Regularly review patient objectives, interpretative, physical and mental status, including the development and communication of a discharge plan from the time of admission

• Succinctly record the above in the discharge summary at the time of discharge

• Appropriately liaise with all staff involved in the care of the patient, including communication and referrals necessary for ongoing care post-discharge

• Participate in clinics and other Unit activities as rostered and required

• Foster rapport and good communication using appropriate language, written or verbal, with the patient and other parties as required, including contact with the referring Medical Practitioner

• Use technology appropriately, with cost benefit and potential patient benefit and complications considered

• Fulfil duties as outlined in the “Duty Roster” of the post undertaken and oncall roster as applicable

• As a representative of the Hospital and the Medical Profession, present a professional appearance and demeanour at all times.

• Continually update and extend personal medical knowledge and skills, regularly attend clinical and educational meetings and remain familiar with current medical literature

• Participate in Program /Departmental/Unit Quality Improvement and audit activities

• Perform other duties as agreed to and as required on occasions by Medical Administration in relation to cover of others due to illness, bereavement or patient transfer

• Undertake research activities commensurate with the role
SUPERVISION

Alfred Health Approach
All junior medical staff (including Fellows) at Alfred Health work under supervision. Supervision can be either direct or indirect and MUST be provided by a more senior doctor. In the case of a Registrar, the supervision is provided by a consultant. The nature of the supervision provided will depend on the complexity of the care being delivered and the experience of the junior doctor.

Direct supervision is defined as supervision where the designated supervisor is either present where the care is delivered or is on-campus and available within a few minutes.

Indirect supervision occurs where the designated supervisor is not present but available by telephone for advice and to attend in accordance with Unit and Alfred Health requirements.

Registrars may work under both direct and indirect supervision.

The Alfred Health approach should not be confused with the Medical Board of Australia supervision guidelines for limited registration which apply to the registration requirements of international medical graduates (Supervised practice for international medical graduates, January 2016) http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx.

SCOPE OF PRACTICE

Scope of practice is the extent of an individual medical practitioner’s approved clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability and the needs and capability of the organisation.

Registrars should be proficient in most of the skills and procedures outlined in the Australian Curriculum Framework for Junior Doctors (ACF version 3.1 2012) Further information is available at www.cpmec.org.au/page/acfjd-project.

Core Scope of Practice for Junior Medical Staff
This includes:
Venepuncture; IV cannulation; Preparation and administration of IV medications; injections and fluids; Arterial puncture in an adult; Blood culture (peripheral); IV infusion including prescription of fluids; IV infusion of blood and blood products; Injection of local anaesthetic to skin; Subcutaneous injections; Intramuscular injections; Performing and interpreting ECGs; Performing and interpreting peak flow; Urethral catheterisation in adult males and females; Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway; Wide bore NGT insertion; Gynaecological speculum and pelvic examination; Surgical knots and simple suture insertion; Corneal and other superficial foreign body removal; Plaster cast/splint limb immobilisation.

Advanced Procedures and Skills –

Junior medical staff must NOT undertake any advanced procedures without direct supervision unless there is specific authorisation from a consultant from the relevant Unit. These procedures include joint aspiration; laryngeal mask & ETT placement; complex wound suturing; proctoscopy; lumbar puncture; fine bore NG feeding tube insertion.

- Procedures requiring specific credentialing include: intercostal catheter insertion, central venous line insertion, Biers blocks, as well as specific procedures approved by Heads of Unit for limited operating rights.

Advanced Skills – e.g. Apgar score estimation, secondary trauma survey, papilloedema identification, slit lamp examination, intra ocular pressure estimation. For neonatal and paediatric resuscitation, Fellows who are specifically credentialled to do so, can undertake full resuscitation. Others can commence basic resuscitation until more senior staff attendance unless specifically credentialled for neonatal and paediatric resuscitation.

ACSQHC, Standard 1 Governance for Safety & Quality in Health Service Organisations, October 2012
Registrars must ensure that they have undertaken the appropriate training and been deemed proficient when using advanced skills.

It is recognised that not all the advanced procedures and skills listed above apply to all junior medical staff.

Please note insertion of fine-bore nasogastric tubes requires specific credentialing at Alfred Health. You must not insert fine-bore nasogastric tubes unless you have been formally credentialed to do so.

College Standards
For more specific information on scope of practice, refer to the relevant College publications related to training and specific College curricula, which detail expected learning outcomes and/or competencies at various stages of training.

Alfred Health Consultant Notification and Escalation Requirements
Registrars play a pivotal role in informing senior medical staff (SMS) of important changes in their patients’ conditions. Registrars must adhere to and support the following Alfred Health guidelines:

- Consultant Notification Policy; and
- Escalation of Care –adult patients Guideline;

and must encourage other junior medical staff and nursing staff to escalate concerns appropriately.

SCOPE OF PRACTICE IN OPERATING THEATRE SUITES/ PROCEDURE ROOMS/ ENDOSCOPY

The section below applies to Fellows and Registrars that are working in these areas. Surgical Registrars/Fellows have responsibilities in the Operating Theatre Suites and related areas but only under the direction and supervision of the designated Specialist Surgeon. Registrars/Fellows have important obligations to keep the designated Specialist Surgeon informed about the patients under that Specialist’s care. This includes discussion re cases on lists prior to finalisation of lists.

Every theatre list must have a documented designated Specialist Surgeon responsible for that list. Fellow and/or Registrar lists with no nominated supervising surgeon are not permitted. If there is no nominated surgeon on the theatre list, the Theatre Nurse Manager should seek clarification from the Head of Unit prior to the list commencing.

The scope of practice, if any, that can be extended to each individual surgical Registrar/Fellow without the direct supervision of a Specialist Surgeon is determined by the Unit Head/ Director. This will usually involve the Unit Director/Head or senior delegate undertaking the following:

- Discussion with the trainee regarding his/her clinical experience and competence; and/or
- Logbook review; and/or
- Consultation with the trainee’s previous supervisor: and/or
- Personal observation in the operating theatre.

- The review of this information and the determination of scope of practice without direct supervision should be made in accordance with the Credentialing of Procedural Trainees guideline.

Registrars/Fellows may not undertake a broader scope of practice than they have officially been granted by Alfred Health. However, Registrars/Fellows should not feel compelled to undertake procedures without direct supervision where they are not comfortable with the circumstances of a particular case.

The determination and documentation of scope of practice for surgical Registrars/Fellows should be reviewed 6 monthly².

² ACSQHC, Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners, December 2015
In exceptional (e.g. emergency) circumstances, a surgical Registrar/ Fellow may undertake a procedure for which they are not formally credentialed, upon verbal advice from the Unit Director/Head or his/her delegate and the anaesthetist in charge (and consultant back-up must be available). If this addition is agreed, it must then be formally added to the Registrar/Fellow’s credentialing within 24 hours of the procedure.

To be credentialed for upper GI+/or lower GI endoscopy credentialing, the trainee’s Conjoint Committee log book must be reviewed by the Head of Unit and the trainee must have completed all required procedures to achieve Conjoint Committee certification before they can undertake endoscopy under indirect supervision. The Head of Unit must also inform the Head of Endoscopy.

QUALITY, SAFETY, RISK and IMPROVEMENT

- Maintain an understanding of individual responsibility for patient safety, quality & risk and contribute to organisational quality and safety initiatives.
- Follow organisational safety, quality & risk policies and guidelines.
- Comply with the Alfred Health principles of Timely Quality Care (TQC).
- Maintain a safe working environment for self, colleagues and members of the public and comply with Alfred Health’s Code of Conduct and Unacceptable Behaviour in the Workplace policy.
- Escalate concerns regarding safety, quality & risk to appropriate staff member, if unable to rectify yourself.
- Promote and participate in the evaluation and continuous improvement processes.
- Comply with principles of Patient Centred Care.
- Comply with Alfred Health mandatory training and continuing professional development requirements.
- Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.
- Adhere to Alfred Health infection control policies and procedures including Hand Hygiene, aseptic technique and peripheral line guidelines.

OTHER REQUIREMENTS FOR ALL ALFRED HEALTH STAFF:

- Provide more junior medical staff working in the Unit with appropriate supervision, training and instruction in accordance with Unit requirements and Alfred Health policies.
- Ensure compliance with relevant Alfred Health clinical and administrative policies and guidelines.
- Comply with relevant privacy legislation.
- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Alfred Health.
- Comply with Alfred Health medication management and medication safety policies and guidelines.
- In this position you must comply with the actions set out in the relevant section(s) of the OHS Roles and Responsibilities Guideline.

QUALIFICATIONS/EXPERIENCE REQUIRED

- Medical graduate;
- Successful completion of relevant post graduate years;
- Acceptance into and continuation in relevant College training program if applicable;
- AHPRA medical registration without conditions, undertakings or reprimands.
KEY ATTRIBUTES

- Competencies including
  - Communication
  - Care management
  - Building trust
  - Managing work (includes time management)
  - Decision making
  - Patient relations
  - Contributing to team success
  - Safety intervention
  - Building strategic work relationships
  - Respecting cultural diversity

- Personal qualities
  - Leadership;
  - Innovative ideas;
  - Demonstrates a willingness to learn; evidence of on-going professional development to continually update personal medical knowledge and skills;
  - Ability to operate in an environment of change.

OTHER RELEVANT INFORMATION

- Statements included in this position description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all inclusive;
- Ongoing performance reviews and feedback will be undertaken across the year. It is anticipated that a formative and summary assessment will be undertaken during the rotation.
- Mandatory Police Check and Working with Children Check to be completed if appointed.

**Position Description authorised by:**   Lee Hamley Chief Medical Officer

**Date:**   March 2019