

ROYAL HOBART HOSPITAL

TASMANIAN
HEALTH
SERVICE



Detailed Training and Job Description

Royal Hobart Hospital
Department of Critical Care Medicine
ICU Registrar and Senior Registrar

Calvary Hospital ICU – Affiliate site
Augusta Road, Lenah Valley
ICU Registrar

This applies to all Registrars employed to work in the Department of Critical Care Medicine, Royal Hobart Hospital & affiliate site, Calvary Hospital.
Individualised changes are made when particular needs are identified for a particular trainee.

Our Hospital

The Department of Critical Care Medicine (DCCM) is located within the [Royal Hobart Hospital](#) which is the major teaching hospital for the University of Tasmania (Faculty of Health Sciences), and is the State referral centre for cardiothoracic surgery, neurosurgery, burns, hyperbaric and diving medicine, neonatal intensive care and high risk obstetrics.

The Hospital provides all general and specialty medical and surgical services, excluding organ transplant, spinal and paediatric cardiac surgery. The Hospital services a population of approximately 240,000 people and has 465 beds including 74 day beds.

Our Unit

We are the only level 3 tertiary referral centre for adult patients requiring intensive care within Tasmania. As the state tertiary referral centre DCCM admits all type of patients, with the exception of Spinal Rehab or Organ Transplant. We have around 1500 admissions per year, with high acuity. Our casemix includes cardiothoracic, neurosurgery, major trauma and burns, complex medical and surgical patients, haematology and oncology patients including BMTs.

We recently increased to 19 beds. An outreach nursing and medical service is provided through the code blue and medical emergency team (MET). Education support is provided to ward areas on an as needs basis by clinical staff.

Several years ago we were privileged to gain CICM Accreditation for a local private ICU at Calvary Hospital, Lenah Valley, close to RHH. This ICU has been run by the same Consultant Specialist team as RHH for more than 25 years and we have a strong relationship with management. There are many nursing staff who work at both units.

Calvary ICU predominantly admits perioperative ICU and HDU patients with cardiac, thoracic, neuro, major GIT, urology and vascular surgery as well as interventional neuroradiology and complex spinal surgery in the casemix. There are some medical admissions via the ED. The ICU Registrar works directly with one Consultant across the week and will see all the patients, attend MET calls and perform procedures under supervision. CICM accredits up to three months for intensive care advanced training. At Calvary ICU, and registrars should expect to be rostered there at some point during the year.

We are introducing a new day shift role as Medical Emergency Response (MER) and Outreach Registrar from mid-2025. One registrar will be rostered per day shift, with specific duties and training coordinated by RHH Director of MET Services, as per the MER guideline and supported through the ICU teaching program.

Our Staff

At DCCM, we are privileged to work as a closely-knit Unit with seven intensive care Consultants. The Consultants are all active clinicians and educators and are very active in CICM and ANZICS. We have one Fellowship Examiner, a past President of ANZICS, several past ANZICS board members, and one CICM board member in our group. The Consultants also have active roles within the Hospital, including as the Director of Clinical Training for Interns, Hospital and Statewide Organ Donation Co-ordinator, Medical Director Statewide Home PN services, Medical Director of MET Service and involvement in the Statewide Trauma Network, to list a few.

Junior medical staff includes 3 Senior Registrars or Fellows, a Career Medical Officer, 18 Registrars, 3 Critical Care Senior RMOs and 2 RMOs. The Registrar pool includes ICU trainees as well as Anaesthetics, Emergency Medicine, ACCRM, Surgical and Physician trainees rotating for 6 month terms.

With around 160 nursing staff on the establishment for 102 FTE positions and more than eighty percent having completed a specialised critical care course, we have an experienced cohort of nursing staff. Rotation positions are offered to nurses from their 1st year of postgraduate experience.

A CNC is responsible for the day-to-day running of the department, supporting clinical staff and patient care delivery. There is a Grade 7 Nurse Unit Manager, 5.5 FTE Grade 5 Associate Nurse Unit Managers ANUMs and 3 Clinical Educators. The ANUMs encompass clinical support for staff, quality initiatives and Shift Co-ordination There are 2 rostered ACCESS Nurses for all shifts in line with ACCCN guidelines. A full time Research Co-ordinator manages day-to-day aspects of conducting local and multicentre studies in the Unit. An ICU Liaison Nurse reviews all ICU discharges, monitors complex patients on the ward and provides critical care education and support to nursing staff outside ICU. A clinical education facilitator provides support to rotation staff, nursing staff and students undertaking postgraduate studies in critical care nursing

Education and Professional Development

The Department has an active teaching programme. The teaching programme is facilitated by Dr David Bertoni (Intensivist).

- **Weekly Protected Teaching**
Every Thursday 1200-1500hrs. A mix of case presentations, lectures, guest presentations from other specialities, Journal Clubs and Mortality and Morbidity meetings. Specific MET training is incorporated into this program
- **Multidisciplinary simulation sessions**
Run in-house by Fellows and Consultants, with doctors and nurses training together
- **Interdisciplinary teaching sessions, incl SIM**
 - MET training
 - ICU / Neurosurgical meetings
 - ICU / Cardiothoracic Mortality and Morbidity meeting
- **MET Training for ICU staff attending MET calls**
This will be incorporated into the orientation program and weekly teaching sessions
- **Exam focused teaching for Primary and Fellowship exam candidates**
A small number of candidates appear for the CICM Primary or Fellowship exam each year. Exam-based training and preparation is tailored to each candidate's requirements. They are well supported to attend exam courses on the mainland.
- **Hobart BASIC course**
The BASIC Course is designed to prepare participants in assessment and practical management of seriously ill patients in the acute environment. The Hobart BASIC course is very popular and fully subscribed months in advance, by local, interstate and occasionally international candidates. We run 2-3 courses a year.

*BASIC Course Target Audience = Junior ICU doctors with limited ICU experience.
Trainees in medicine, anaesthesia, surgery or emergency medicine*

The Course consists of a series of lectures and clinical skills stations covering many aspects of the care of critically ill patients with an emphasis on supportive management.

Some of the topics covered include:

- *Assessment of the seriously ill patient*

- *Airway obstruction and management*
- *Mechanical ventilation – the basics*
- *Basic haemodynamic monitoring*
- *Transport of critically ill patients*
- *Management of severe sepsis and septic shock.*

- **Ultrasound and Echocardiography training**

We have a high-performance echo machine and several machines suitable for basic bedside echo, lung/abdominal/eFAST and US-guided vascular access. New doctors are trained in ultrasound-guided vascular access, with accreditation before independently inserting lines.

We have a close relationship with the Cardiology department and easy access to echocardiographers for urgent Echos. We have a reporting system where ICU Echos will be reported by the Cardiology department. We have access to the weekly Echo training sessions conducted by the Department of Cardiology. In-house training complements this.

DCCM- Senior Staffing

Medical Director

Clinical Associate Professor Andrew Turner

Supervisors of Training

Dr Jon Buckmaster & Dr Benoj Varghese

ICU Nursing

Nurse Unit Manager

Ellen Burke

Clinical Nurse Consultant

Prue Dougan

ICU Research Coordinator

Rick McAllister

Consultant Intensivists

Clinical Associate Professor Andrew Turner

Dr David Berton

Dr Allan Beswick

Dr Jon Buckmaster

Dr David Rigg

Dr Ram Sistla

Dr Benoj Varghese

Dr Vivek Anand (0.5 adult ICU/0.5 paediatric ICU)

Dr Michael Ashbolt (part time - Director of MET)

Patient Care Practices

Ward Rounds

Handover Round - The Night staff hand over to the day team at 0800hrs.

Morning Round

The detailed ward round follows the morning handover. In addition to the medical staff, the ward round team generally consists of nurses, Pharmacist, Dietitian, Physiotherapist and any medical students. Ward rounds commence between 0900 – 0930hrs after handover.

Afternoon Ward Round

The afternoon ward round usually starts at 1600hrs. The day should be planned so routine procedures are completed before this time. X-Rays and CT should be performed either before this time or after 1800hrs. All staff should ideally attend this round.

Night Handover/Ward Round

This occurs with the rostered on-call Consultant and/or ICU Fellow/Senior Registrar. It must be attended by all rostered ICU Registrars and the Senior Registrar on for the ICU. It incorporates the day to night Registrar handover.

Medical Emergency Response & Outreach Registrar

One ICU registrar is specifically rostered daily and does not attend ward rounds. Duties will include leading MET/Code Blue calls and general outreach services as directed by consultant and/or Senior Registrar, including but not limited to clinical review of liaison/referral patients, transportation support, and occasionally ward-based TPN and Tracheostomy rounds with a Consultant.

Communication

Responsibility for the ICU patient care lies with the rostered ICU Consultant. Communication is an important component of the Unit. The Department of Critical Care Medicine is a closed Unit. All admissions and refusals must be discussed with the On-call Consultant.

Documentation

Medical documentation is always important, but in times of increasing medico-legal scrutiny, it is essential to be meticulous, complete and honest. Notes must be dated and state whether they are recorded in the am or pm ward round; name the Consultant and give a brief synopsis of the findings, results and management. Printed names (RMO) must appear with signatures after entry. Notes must be made immediately following any information being conveyed to the patient and / or relatives outlining progress, plans or prognosis. Any lines or other invasive procedure should be documented as soon as they are inserted. Records should only contain accurate statements of fact, or clinical judgement. This should not contain any other extraneous material. No abbreviations should be used which can be misunderstood.

When using the Handover sheets, please be aware that there is confidential information contained with patient identifiers. Please treat these confidential documents sensitively, manage them responsibly and do not lose them and discard them properly (eg shredding bin) at the end of your shifts.

Statement of Duties in ICU

This document should be read along with the generic Statement of Duties from the Department of Health, Tasmania.

SENIOR ICU REGISTRARS

The ICU Senior Registrar is a CICM Advanced Trainee with considerable ICU experience and would have completed, or is close to sitting the CICM Fellowship exam.

Duties

Clinical

- The Senior Registrar is expected to assess and manage critically ill patients with minimal supervision.
- At night, the Senior Registrar is expected to do remote/off site on-calls and be able to come in on short notice to assist the Registrars.
- Supervise JMOs in the management of critically patients, both within the Unit and outside as MET calls, Code Blues, Trauma calls and Consults.
- Be proficient in airway management, including the difficult airway and be training to perform percutaneous dilatational tracheostomies.
- Be proficient in the insertion of invasive vascular access devices, including arterial lines, CVs and vascaths, with and without ultrasound, in critically ill and unstable patients.
- Be proficient in the insertion of chest drains, with and without ultrasound and other common invasive ICU procedures.
- Be proficient in the use of a bronchoscope to undertake diagnostic bronchoscopy including BALs but not biopsies.
- Review patients on PN as part of the hospital PN team, supervised by Consultant Intensivists.
- Direct and support MER & Outreach registrar

Non-Clinical

- Supervise RMOs in conducting the departmental audits and presenting M&Ms
- Assist in randomisation and conduct of any research projects (single centre or multi centre) which the Unit is participating in.
- Attend and supervise the weekly teaching session, when rostered
- Run the ALS sessions when rostered
- Run the fortnightly Journal Club
- Accredite the JMOs for ANTT (Aseptic non touch technique)
- Accredite the JMOs for insertion of CVCs

ICU REGISTRARS

The ICU Registrars are doctors with at least four years' post graduate experience. The Intensive Care Unit has trainees rotating from other departments such as Anaesthetics, Emergency Medicine and General Medicine usually for 6 monthly terms. We also have trainees (usually CICM) working for 12 monthly terms. The level of supervision will vary depending on their ICU and acute care experience.

All new Registrars are provided with a questionnaire to understand their skillset and experience, and attend a one-day orientation programme before they are rostered on for clinical duties.

Duties

Clinical

- Assess and manage critically ill patients under the direct supervision of an ICU Consultant or Senior Registrar.
- Supervise the Senior Resident Medical Officers and Resident Medical Officers.
- Attend Code Blue and MET calls for resuscitation of unwell patients outside ICU
- Review patients in Emergency Department, Recovery and wards as part of ICU consults/reviews, in discussion with the ICU Consultant or Senior Registrar.
- Insert invasive lines under direct supervision of an ICU Consultant or Senior Registrar until they are accredited to insert lines independently.
- Assist in airway management, including intubation and insertion of percutaneous dilatational tracheostomies under the supervision of an ICU Consultant or Senior Registrar or an Anaesthetist (in a difficult airway scenario).
- Transport ICU patients for CT scans. Any other transport for scans/tests outside ICU should be discussed with the on-call Consultant or Senior Registrar.
- Assist in randomisation and conduct of any research projects (single centre or multi centre) the Unit is participating in.
- Rostered as MER & Outreach on day shift from time to time
- Rostered to Calvary ICU from time to time – duties as directed by Calvary Duty Intensivist

Non-Clinical

- Attend the orientation programme
- Attend all departmental educational sessions with at least 50% or more for the term.
- Complete a departmental audit and present the data during the M&M and QA meetings.

Assessments and feedback

The Consultants and Supervisors of Training meet monthly to discuss performance and term assessments for all JMOs. Any issues will be fed back to the relevant doctors. For non-ICU trainees, their progress will be discussed with the DEMENT/ANZCA SOT/DPT. Trainees will be given an opportunity to feedback to the Department at the 'End of Term' meeting and also through an anonymous survey circulated to all Trainees at the end of term.