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| HBDHB Logo | Hawke’s Bay  District Health Board  **Position Profile / Terms & Conditions** |

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| **Position holder (title)** | Transitional Year / Fellow Intensive Care Medicine |
| **Reports to (title)** | Operations Manager – ICU/ED/Transport  Head of Department - Intensive Care Unit |
| **Department / Service** | Hospital Group |
| We are seeking a Transitional Year / Fellow Intensive Care for Hawke’s Bay District Health Board who shares our values of He kauanuanu – Respect, Ākina – Improvement, Rāranga te tira – Teamwork and Tauwhiro – Care.  For a level 2 unit, due to its geographical location, HB ICU is somewhat unique. 13 beds, cases include everything except those requiring cardiothoracic and neurosurgical intervention. Critically ill paediatric cases are common and complex HDU patients provide experience in both long and short term ICU patient management.  The fellow will integrate into the consultant roster with dedicated SMO support at all times. The Fellow will have the opportunity to manage the busy 13 bed unit, outreach and transport service, with the level of support and supervision tailored to their experience.  Hawke’s Bay is a community focussed unit. The Fellow will help to co-ordinate treatment plans with the multidisciplinary team and the parent teams responsible for patient care. We focus on family, and the Fellow will play an active role in leading family meetings, goals of treatment discussions as well as organ donation conversations.  Co-ordination of complex teams will extend to those in the aeromedical realm, with both fixed and rotary wing transports. The Fellow will play a role both in the co-ordination of this service, and also in providing critical care transportation for higher risk patients.  Our unit actively participates in research including clinical trials through ANZICS and audit. The Fellow would be expected to develop their Quality Assurance portfolio though involvement in monthly morbidity and mortality meetings, and there would be ample opportunity for non-clinical portfolio development with guidelines, audit and education. The education role of the position would be seen as key – with dedicated time to provide education sessions for the registrars, nursing staff, allied health the wider hospital community. HB ICU provides teaching for both part 1 and part 2 CICM exam candidates, and exam candidates from other disciplines. We pride ourselves on a high degree of success in these domains.  Continuing with our community focus, we strive for cultural competence education through the Te Hauora ki te Matau-a Maui HBDHB Ngakau Ora and Engaging Effectively with Maori programmes, through reflective practice that centres on the notion that cultural competence is just as critical as other forms of competence against which workforce performance is assessed  And that is just work – Hawke’s Bay is a stunning place to live. Housing is still reasonably affordable, the weather is temperate, and there is a wide range of cultural and outdoor activities to keep your free time busy. Excellent schools, good infrastructure, and employment opportunities make is a great place to raise a family. | |

## Working Relationships

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| **INTERNAL** | **EXTERNAL** |
| * + Department medical staff   + Department nursing staff   + Department clerical staff   + Other medical and nursing staff teams   + Acute Service Speciality Teams (Emergency Dept, Radiology etc)   + Department and Hospital Management | * + Other external health providers   + General practitioners   + Wairoa Hospital   + Flight Service   + Tertiary Centres |

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| **ABOUT THE HAWKES BAY INTENSIVE CARE UNIT** |
| The Hawke’s Bay Intensive Care Unit (ICU) is a Level 2 regional ICU providing a high standard of general intensive care to both adults and children. There are approximately 1000 admissions per year, 10% of which are paediatric. The population of HHDHB is 180000 with 28% Maori.  The Unit has a total of 13 beds, both ICU and HDU, with the ratio of high dependency to intensive care beds varying depending on patient acuity and clinical demand. The Intensive Care Service also provides an Intensive Care Level Flight Service for the Inter-Hospital Transfers and participates in Rapid Response and Patient at Risk Team activities across the hospital. There are 8 CICM trained Intensivists and 12 registrar positions. The role offers excellent exposure to regional and rural intensive care practice. |

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| **OVERVIEW OF POSITION – PURPOSE OF THE YEAR** |
| The Transition Year (TY) refers to the final mandatory 12 months of intensive care training undertaken by a trainee in a unit approved by the College of intensive Care Medicine (CICM).  The TY is called the Fellow in our unit. This is a role between that of registrar and consultant, with flexibility and graded responsibility to allow increasing clinical autonomy, and development of non-clinical skills (for example in research, quality, and/or administration).  This experience gained in this role should assist the movement of the trainee into specialist practice and build on those skills and attributes acquired in the early years of training. The HB ICU fellow is appointed as a junior consultant (on the MECA.) with the expectation that they will acquire skills in this time with mentoring coaching and feedback to be a confident independent practitioner. |

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| **CICM REQUIREMENTS FOR THE YEAR – AS THEY APPLY TO OUR UNIT** |
| These are based on the CICM guideline objectives of training for TY. T-26 document all are achievable in Hawkes Bay  General objectives to achieve key competencies as   1. Medical (clinical) Expert 2. Communicator 3. Collaborator (team worker) 4. Manager (leader) 5. Health advocate 6. Scholar (educator) 7. Professional   Specific objectives   1. Clinical supervisor and team leader skills 2. Teaching 3. Administration |

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| **ABOUT THE ROLE** |
| **The Fellow Role:**   * Acts as primary SMO for rostered clinical duties (call, 2nd on and HDU). * Engaged in ward rounds, seeing patients and directing investigations and treatment * Participating in wider discussions on management of individual patients, meeting with patient relatives, and liaison with other medical personnel in the hospital concerning the co-ordination of patient management * Other activities include teaching and supervision of the RMOs, rational use of resources (within agreed protocols and guidelines where they exist), regular review of medication charts, management or problem plans, and wider communication with staff, patients and families.   Successful performance as a Fellow will be measured by   * Evidence of a team-based approach, with active learning and communication * Effective supervision of RMOs and students (HBICU has TI’s and elective students) * Attendance and participation in complex activities, including discussions with supervising specialists around patient management decisions and the successful running of the complex on call days |

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| **SUPERVISION AND TRAINING** |
| **Supervision:**  The Supervisor of Training (SoT) will meet with the fellow monthly and there will be formal feedback and assessment every 3 months. Periodic discussion of progress with the Clinical Head of Department is advised.  Clinical supervision of the Fellow:   1. Direct: during weekday working hours, plus any time when direct assistance or advice is required there is direct supervision by a rostered Intensivist. 2. By phone: there is an expectation of an afternoon and/or evening discussion between the Fellow and the supervising Intensivist, which may be in person or by phone. There will be a further discussion and debrief the following morning, or at any other time when the Fellow wishes for advice or assistance. 3. Any Fellow who is a CICM trainee undertaking their transition year will also have a college Supervisor of Training. 4. The Fellow will be allocated a mentor from the SMO group for support, advice and assistance. This mentor should not be the Clinical Head of Department (CH) nor the Supervisor of Training (SoT) as these prescribed roles may give rise to a conflict of interest. 5. At the start of the year there will be close direct supervision of the Fellow, and as the year progresses this will gradually become less intense as the Fellow takes on more responsibility and autonomy, subject to approval by the SoT and HOD.   **Teaching:**  Teaching by the SMOs for the Fellow   * An in-house teaching roster will be arranged focusing including development of management and professional skills |

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| **CLINICAL AND NON-CLINICAL DUTIES** |
| **Registrars**: There are 12 Registrars on the ICU Registrar roster. They come from a variety of specialist backgrounds- ICM, Anaesthesia, Medicine, Surgery, rural medicine and Emergency Medicine, and of varying experience levels. Generally, Registrars are PGY 4 and above. Many will have no ICM or transport experience prior to this run. As such the skill mix on any one shift may require a higher level of direct support and supervision by the call SMO.  During the day there are minimum 2 Registrars weekdays (may be more depending on leave) and 2 in the weekends. Overnight there are 2 Registrars. The F2 and N1 registrar are generally the flight registrars. The D1 covers HDU and ward related calls and also participates in PAR ward rounds.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | D | = Day Shift (0800-2100) |  |  | N | Night Shift (2000-0900) |  | | D1 | = Day Shift (0800-2000) |  |  | N1 | Night Shift (2000-0800) |  | | F2 | = Day Shift (0800-2000) |  |  |   HBICU does not have house officer staff. We regularly have Trainee interns.  **SMOS**: There are 8 intensivists (7.5 FTE) who have clinical duty around a 24hr roster. The 24hr rostered clinical period is called CALL, the day afterwards HANDOVER and clinical administration and nonclinical time SUPPORT. The intensivists generally stay onsite during their CALL duty.  When on call, the Fellow will assume the primary responsibility for managing the ICU / HDU in conjunction with and under the supervision of, a trained CICM Intensivist.  **ON CALL RESPONSIBILITIES:**  The Fellow will have CALL once per week. Mostly during the weekdays but with occasional weekends. During these 24-hour CALL duty periods, the Fellow and their supervising Intensivist are responsible for   * Care of in-patients within the ICU/HDU and patients outside of ICU but accepted for admission. This includes review of clinical history and findings from any investigations undertaken, development or review of management plans * Co-ordinating, directing and overseeing delegated actions taken by nursing and RMOs involved with the care of the patients. * Co-ordinating referrals and admissions across the hospital and from referring rural hospital Wairoa * The inter-hospital transfer of critically ill or injured patients whether from the emergency department or the ICU. Opportunity to complete complex aeromedical transfers and retrievals including providing support to rural hospital at Wairoa * Advice and assistance where requested for emergencies anywhere in the hospital (other than neonatal emergencies) including operating theatres, procedure areas, wards and emergency department * Journal club organisation * Review some departmental policies and guidelines * Preparation of material for formal registrar teaching * Teaching on BASICS courses * Teaching on nurse’s study days and regular nursing teaching * Teaching Registrars- Formal periods on Thursday and informally daily when clinical * Approved research activities * Support for specific learning objectives can be arranged as required * Other tasks that the Fellow could be involved with include; involvement in interviews for registrar posts (midyear), adverse event and root cause analysis review, new equipment reviews and procurement, principles of doing a business case   **DAY TIME routine:**   * The morning handover commences at 0800 every day. There is a multidisciplinary team present. During this time the CALL SMO takes handover of all the patients from the previous duty SMO and learns of any rapid response calls overnight, any patients awaiting admission or any other concerns and patients needing review. The PAR nurse is at this meeting and ward reviews are scheduled as needed. There is MDT input at this meeting too. |

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| * This is followed by clinical teaching morning ward round. The SMO of the day and clinical team can determine what form the ward-round will take. This may involve splitting D1 to look at HDU patients. A registrar may attend the PAR ward round. * Family meetings are generally scheduled after midday. * There is designated bedside teaching daily at 1430. * Patient reviews continue over the day with another clinical walk- round at 4pm * Other clinical meetings include Radiology meeting Mondays 1145, long stay patient multidisciplinary meeting weekly on Thursday, and Microbiology rounds when clinical microbiologist visits HB (monthly). * Other SMOs on SUPPORT days are available until 1800 when required (e.g. assisting with tracheostomy, advice, complex aeromedical transport and whatever is needed)   **AFTER HOURS**   * It is expected that the CALL SMO will attend the evening registrar handover at 2000. * This handover is followed by the night clinical round by the N and N1 registrars. * Many of the SMO’s choose to remain on-site over-night when doing call, although this is not mandatory if the SMO can be sure to return to the hospital promptly when called. * A private designated sleep and rest room is provided for CALL SMO (with ensuite bathroom, and computer access   **Rostered non-clinical duties for the Fellow:**   * The Fellow will have one SUPPORT day per week * Some non-clinical duties will be allocated, and attendance is expected at departmental meetings   **Non-clinical activities include:**   * Department management meetings ICU SMOs and Senior nurses (monthly) * SMO meetings (fortnightly) * RMO roster work * Departmental quality meetings- M and M reviews (monthly), Quality (monthly), Sustainability, inter-departmental case reviews * Departmental quality improvement and audits * Journal club organisation * Review some departmental policies and guidelines * Preparation of material for formal registrar teaching * Teaching on BASICS courses * Teaching on nurse’s study days and regular nursing teaching * Teaching Registrars- Formal periods on Thursday and informally daily when clinical * Approved research activities * Support for specific learning objectives can be arranged as required * Other tasks that the Fellow could be involved with include; involvement in interviews for registrar posts (midyear), adverse event and root cause analysis review, new equipment reviews and procurement, principles of doing a business case |

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| **OCCUPATIONAL HEALTH & SAFETY** | |
| **Tasks (how it is achieved):**  HBDHB is committed to maintaining and promoting the health & safety of all its staff, contractors, volunteers and patients. In this role, your duties are:  • Not to do anything that puts your own H&S at risk  • Not to do anything that puts others H&S at risk  • To follow all health and safety policies and procedures  • To follow all reasonable health and safety instructions  (You have the right to cease work if you believe that you, or others, are at risk of serious harm). | **How it will be measured (KPI):**  Evidence of participation in health and safety activities.  Demonstrates support of staff/colleagues to maintain safe systems of work.  Evidence of compliance with relevant health and safety policies, procedures and event reporting. |

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| **CUSTOMER SERVICE** | |
| **Tasks (how it is achieved):**  Open and responsive to patient and whanau needs.  Demonstrate an understanding of continuous quality improvement. | **How it will be measured (KPI):**  Demonstrates a commitment to service and continuous quality improvement, through interaction with patient/clients and their whanau.  Identifies patient and whanau needs and offers ideas for quality improvement.  Effective management of interactions with patients and their whanau. |

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| **ENGAGING EFFECTIVELY WITH MĀORI** | |
| **Tasks (how it is achieved):**  Demonstrates knowledge and understanding of local tikanga and Māori culture sufficiently to be able to respond appropriately to Māori  Is visible, welcoming and accessible to Māori consumers and their whānau  Actively engages in respectful relationships with Māori consumers and whānau and the Māori community  Actively seeks ways to work with Māori consumers and whānau to maximise Māori experience  Actively facilitates the participation of whānau in the care and support of their whānau member | **How it will be measured (KPI):**  Accelerated health outcomes for Maori  Evidence of positive feedback from Māori consumers and whānau, and colleagues  Evidence of collaborative relationships with Māori whānau and community/organisations  Evidence of whānau participation in the care and support of their whānau member |

## Essential and Desirable Criteria: Qualifications / Skills / Experience

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| **Essential** | |
| **Engaging Effectively with Maori** | Demonstrates the ability to engage effectively with Maori consumers (patients/families/whanau).  Demonstrates ability to apply the Treaty of Waitangi within the Service |
| **Qualifications** (eg, tertiary, professional) | Appropriate medical degree recognised by the Medical Council of New Zealand |
| **Business / Technical Skills** (eg, computing, negotiating, leadership, project management) | Ability to use patient information systems |
| **Experience** (technical and behavioural) | * Experience in a wide range of Intensive Care Medicine procedures * Experience and interest in providing Intensive Care for paediatric patients * Experience and interest in aeromedical transport. * Experience in supervision and teaching of junior medical staff * Experience in working within a multidisciplinary team * Experience in the development and maintenance of links with SMOs and other specialty teams within the region * Experience in the development and maintenance of clinical audit |

## Recruitment Details

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| **Position Title** | Transitional Year / Fellow Intensive Care Medicine |
| **Hours of Work** | 80 Hours per fortnight |
| **Salary & Employment Agreement Coverage** | In accordance with the New Zealand District Health Boards Senior Medical and Dental Officers Collective Agreement, Medical Officer salary scale unless the Fellow has vocational registration with the New Zealand Medical Council of New Zealand according to qualifications and experience. |
| **Date** | May 2022. |

