

ROYAL ADELAIDE HOSPITAL INTENSIVE CARE UNIT

Intensive Care Unit Transition Year Registrar Training Program (CICM Fellowship Final Year Training)

1. Royal Adelaide Hospital Intensive Care Unit

The Royal Adelaide Hospital (RAH) is affiliated with the University of Adelaide, and was rebuilt in 2017 in the heart of Adelaide. It is the major trauma-receiving hospital for South Australia, and provides specialised services including cardiothoracic surgery, neurosurgery, burns, spinal surgery, medical and surgical oncology, cardiology, and renal and respiratory medicine. The ICU is the busiest Level 3 Unit in South Australia and one of the busiest in the country, admitting over 3600 adult patients per year, with the broad casemix reflecting the services described. It comprises 48 beds, which are currently staffed by 15.6 FTE Consultants and 44.8 FTE Registrars (College of Intensive Care Medicine [CICM] and non-CICM trainees). There are currently four appointed CICM Supervisors of Training.

2. Purpose of Training

Up to 2 Transition Year (TY) positions will be offered at the Royal Adelaide Hospital ICU at any one time. These positions aim to fulfil the aims and training requirements of CICM's final 12 months of its intensive care training program (also known as the Transition Year). The trainee will be supported to acquire both clinical and non-clinical skills and attributes to assist their transition towards becoming an Intensive Care Specialist. There is also an expectation that trainees will undertake a clinical support portfolio (such as research, education, organ donation and end-of-life, ultrasound/echocardiography, and clinical governance) with support from allocated supervisors and the broader Consultant group.

A position will be available to start every February and August (see respective application dates in point 6).

3. Eligibility to enter TY training

The College has outlined the criteria for entry into TY (Guideline Document T-26 (2013)), which include;

- Satisfactory completion of the required clinical training time and assessments for the Core intensive care medicine, anaesthesia, and medicine years
- Satisfactory completion of the Second Part Examination
- Satisfactory completion of all prescribed courses, learning packages and WBA.
- Submission of a Formal Project in the format prescribed in the guideline.
- Satisfactory exposure to two out of the three sub-specialties (as defined by the Hospital Accreditation Committee) in:
 - Cardiothoracic surgery intensive care
 - Neurological / Neurosurgery intensive care
 - Trauma intensive care

Trainees must satisfy ALL these criteria prior to either applying for or being appointed to a Royal Adelaide Hospital ICU TY position. Applicants who do not fulfil these criteria will not be considered.

4. Details of TY Training

Trainees will have clinical exposure to a broad range of critically ill patients. There will be a graded responsibility to allow increasing clinical autonomy in this formalised TY role.

The training program for TY trainees consists of:



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- 1) Clinical instruction by a pool of 21 Consultant Intensive Care Specialists (currently 15.6 FTE) in managing critically ill adults in a mixed medical/surgical adult ICU consisting of 48 Intensive Care beds. The ICU is geographically divided into four pods of 12 beds each.
- 2) Casemix is split between medical and surgical patients, with 55% of admissions unplanned. **More common unplanned admission diagnoses to ICU include;**
 - a) Trauma (including brain, burns, spinal injuries)
 - b) Sepsis with shock
 - c) Pneumonia / respiratory infection
 - d) Cardiac failure and shock
 - e) Cardiac arrest
 - f) Neurologic emergencies (e.g. stroke, aneurysmal subarachnoid haemorrhage, seizures)
 - g) Poisoning and drug overdose
 - h) Severe metabolic and electrolyte disturbance
 - i) Gastrointestinal bleeding
 - j) Liver failure

Post-operative management of patients following major emergency and elective surgery, including:

- a) Cardiothoracic surgery
 - b) Neurosurgery
 - c) Vascular surgery
 - d) Upper GI and colorectal surgery
 - e) ENT
- 3) Rostering will be on a Tuesday-to-Tuesday basis (8 days on, 6 days off per fortnight). The TY trainee will be rostered to one of the four ICU pods, where the trainee will oversee the day-to-day clinical management (in liaison with the admitting home unit) of the ICU patients in that pod, under the supervision of the ICU consultant in charge for that pod. The TY trainee should also be leading many of the family meetings/discussions, in conjunction with the admitting home unit if applicable.
 - 4) In-house night shifts are rare for TY trainees, but occasionally may be required depending on the needs of the unit.
 - 5) Clinical duties will involve two on-call commitments per fortnight (within the 8 rostered days) for the ICU. The ICU is divided into two halves for on call purposes, with one TY trainee/ICU consultant on call for each half of the unit. The on-call commitments (i.e., acceptance and management of new ICU patients) alternate between the two sides. The trainee may receive calls regarding any deteriorating patients in the ICU/wards, giving advice about critically unwell patients in the ICU and wards (when requested), admission/discharge requests and any other ICU related matters. The trainee will always be backed up by an ICU Consultant (as the second on-call).
 - 6) Other ICU duties that may be tasked to the TY trainee include active involvement in hospital wide tracheostomy management rounds, daily TPN rounds, ICU education activities, ICU research activities, safety & quality activities and attending relevant multidisciplinary meetings pertaining to ICU activities. Trainees may be allocated to participate in other future ICU related activities as the need arises.
 - 7) The ICU will provide a minimum of 15-20% protected rostered hours in which the trainee will fulfill their clinical support duties and pursue one of the portfolios outlined below in points 10 and 11.

8) The following are educational sessions run by the ICU. The TY trainee will be expected to be involved in some of these activities as part of their usual duties. (NB: A TY trainee who wants to sub-specialise in ICU education will be expected to be actively involved in most of the teaching activities below in addition to other relevant post-graduate activities)

- (a) ICU Morbidity & Mortality Audit (fortnightly)
- (b) CICM primary examination tutorials (weekly)
- (c) Daily bedside teaching
- (d) Registrar SIM training (twice weekly)
- (e) ICU Journal Club (weekly)
- (f) Registrar Presentations/formal tutorials (weekly)
- (g) Clinical examination tutorial (weekly)
- (h) CICM fellowship written exam interactive sessions (weekly)
- (i) Clinical Grand Rounds (weekly)
- (j) Radiology review meeting (weekly)
- (k) Structured Judgement Reviews (monthly)
- (l) Medical and Surgical Grand rounds
- (m) South Australian Intensive Care Fellowship Exam Course (February)
- (n) CICM Primary Exam Course (annually)
- (o) Basic Assessment and Support in ICU (BASIC) course (bi-annually)
- (p) Ultrasound/Echocardiography teaching sessions

9) The trainee will provide supervision and advice to junior staff (including medical students) as part of their clinical duties. Please refer to the CICM Guideline Document T-26-(2013) for the specific and general objectives of the transition year, with this unit well positioned to be able to provide the opportunities to fulfill them. TY trainees will also attend the weekly departmental ICU Consultant meeting.

10) The trainee will adopt one of the portfolios described in point 11 during their TY. These portfolios are expected to add to the participant's experience and professional development while contributing to the ongoing RAH ICU clinical support program. The specifics of each TY year will vary according to the plan developed by the applicant and their supervisor, but working towards a higher degree (if relevant) is strongly encouraged. Each portfolio has an allocated Intensive Care Specialist who will support and mentor trainees undertaking that portfolio. Further information can be obtained from the Head of Unit.

As part of the selection process for a TY position, if a trainee is offered an interview, they are expected to clearly describe their vision for the portfolio at that interview.

11) Current clinical support portfolios include;

- Research
- Organ Donation and End of Life (EoL)
- Education
- Clinical Governance
- Ultrasound/ECHO

Further details as to the potential scope of each portfolio can be obtained by contacting the ICU Head of Unit as below.

5. Enquiries and expressions of interest

Enquiries and expressions of interest should be directed to;
Dr Krish Sundararajan
ICU Head of Unit

Krishnaswamy.Sundararajan@sa.gov.au

A more detailed job description will then be forwarded to potential applicants.

Applicants wishing to formalise their application will be forwarded a SA Health link to apply online.

6. Applications

To start in February – expressions of interest and/or applications should be made before July 1st of the preceding calendar year

To start in August - expression of interests and/or applications should be made before December 1st of the preceding calendar year

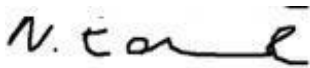
If no applicants are deemed suitable for the role following the selection process, the position will remain vacant.

Accordingly, applications may be considered outside these dates, and this can be clarified by contacting Dr Sundararajan as above.



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Associate Professor Krish Sundararajan, FCICM FRACMA

Head of Unit, Intensive Care Unit, Critical Care & Peri-operative Services, Royal Adelaide Hospital, CALHN



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Dr Nick Edwards, FCICM FRACP
Supervisor of Training, Intensive Care Unit, Critical Care & Peri-operative Services, Royal Adelaide Hospital, CALHN



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