

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 from each of **August 2025 and February 2026**.

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.

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.

Initially, any **new** incoming TY registrar will be rostered to a Senior Registrar role, where they will receive additional supervision from the ICU Consultant group. This will also allow the registrar to become familiar with the ICU and hospital environment, as



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well as day-to-day logistics.

Initial clinical responsibilities will include:

- (a) Initial assessment and day-to-day management of inpatients under their care, under the supervision of senior registrars/fellows and consultant staff.
- (b) Emergency management of patients.
- (c) Assessment & management of inpatients under the direction of consultant staff.
- (d) Organisation and coordination of any investigation and procedures needed for patients as requested by the consultant staff.
- (e) Liaison with other units and departments of the hospital as requested by their consultant.
- (f) Liaison with Nursing and Allied Health Services daily.
- (g) Communication with general practitioners whose patients are under their care.
- (h) Good documentation of daily events in the case record, writing case summaries and methods of communication appropriate to ongoing care.
- (i) Preparation and organisation of unit meeting case presentations as required in their unit.

At all times, trainees are to report to their consultant staff.

The performance of a trainee new to the RAH will be regularly discussed at ICU Consultant meetings, and when it is considered appropriate, the trainee will transition to the full responsibilities of the TY role as outlined in this document. From previous unit-specific experience, this transition is anticipated to take up to 3 months.

The steps of increasing responsibility planned for a newly appointed TY registrar would therefore be anticipated as follows: -

- (a) Rostered as part of the Senior Registrar pool.
- (b) Rostered as a TY Registrar (Chief Registrar) to a specific pod on a Tuesday-to-Tuesday basis – roles described below (point 3)
- (c) Formalised on-call commitments as described in point 5 below.
- (d) Other clinical and clinical support commitments to be incorporated gradually into the above roles as the trainee's responsibilities increase.

Registrars with **previous** experience in the RAH ICU as part of their core ICU training may start their TY training at a higher level of responsibility or autonomy as approved by the ICU Consultant group.

The training program for TY trainees consists of:

- 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-take 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 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 following portfolios during their TY. They 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, but the trainee is expected to outline their vision for the role if they are offered an interview as part of the selection process for a TY position.

11) Current clinical support portfolios, and suggestions as to their potential scope, include;

- Research
 - Lead an investigator-initiated research program, ideally as a Masters of Philosophy (Medical Science) at the University of Adelaide under the supervision of the Director of Research *NB: A Higher Degree would require a minimum 2 year commitment
 - Mentor and assist the ICU trainees in completing their College-mandated Formal Projects
 - Lead the research sessions in the ICU teaching program covering trial design, research methodology and basic statistics
 - Attend the ICU Research Monthly management meetings
 - Act as a site investigator for industry sponsored and multi-centre trials including consenting patients
- Organ Donation and End of Life (EoL)
 - Attend the fortnightly M&M and assist with the mortality review process
 - Collaborate with the EoL coordinator and DonateLife researcher with the EoL follow-up service to understand the family experience during EoL and organ donation
 - Participate in the monthly Joint Task Force to review comments from families on their EoL and organ donation experience
 - Assist with local and national educational activities that focus on communication around EoL and the organ donation process
 - Join the CALHN Clinical Ethics Committee as a trainee representative
 - Work towards a Masters in Bioethics or an investigator lead research project related to EoL and organ donation at the RAH
- Education
 - Ideally work towards a higher degree in education, whilst reviewing and enhancing a specific aspect of the current RAH ICU teaching program, such as the task training / equipment series, SA ICU Lecture Series, registrar preparation for the CICM Primary and Fellowship Exams, or introducing a new component
 - General expectations of the role also include;
 - Assist with the coordination of the current RAH ICU teaching program
 - Join faculty of RAH ICU education courses including BASIC, CICM Primary Exam Course and SA ICU Fellowship Exam Course

- Assist with running the existing ICU simulation and equipment education program and the development of new simulation scenarios
- Assist with the review and updating of the RAH ICU Medical Manual
- Involvement in the teaching program of the wider hospital, including intern and resident teaching
- Clinical Governance
 - Coordinate quality improvement projects across the organisation and support multi- disciplinary team members in integrating clinical audits and outcomes into clinical practice
 - Support the ICU Head of Unit in being part of various committees to implement the National Safety and Quality Health Standards (NSQHS) and clinical standards as espoused by the Australian Commission for Safety and Quality in Health Care (ACSQHC)
 - Participate in Central Adelaide Local Health Network (CALHN) wide review processes investigating mortality and morbidity (incl serious adverse event reviews)
 - Provide clinical leadership to the junior medical workforce who want to pursue clinical audits to answer clinically impactful issues and provide recommendations to CALHN for continuous quality improvement
 - Develop a portfolio in quality assurance and work towards a higher degree in health services research or medical leadership & management
- Ultrasound/ECHO
 - Perform ultrasound and echocardiography in ICU under appropriate supervision, and keep a log book
 - Actively engage with ultrasound/ECHO education and training within the ICU including weekly beside teaching and monthly ECHO review meetings
 - Attend cardiology and multi-disciplinary meetings (eg Infective Endocarditis MDT) and teaching relevant to echo/ultrasound
 - Join the faculty of the SA Critical Care Ultrasound Course
 - Attend cardiothoracic operating theatre for TOE education/experience (by negotiation)
 - Work towards a higher degree in ECHO

5. Assessment

The trainee will establish the objectives of his/her TY in conjunction with the Supervisor of Training(s) and their portfolio mentor prior to the commencement of the TY. The objectives of training may differ slightly for trainees who want to sub-specialise (such as in ultrasound or education), but all the key objectives in the CICM Guideline Document T-26-(2013) should be incorporated into the individual trainee's set objectives for the year. These pre-specified objectives will then form the basis of the training year and will guide the assessment process for the year. Assessment will be made against all the pre-specified objectives to be achieved, as well as any relevant additional objectives related to sub-specialisation. For TY trainees interested in sub- specialisation, an additional objectives appendix to this document will apply (There will also be additional supervisor(s) appointed to help with the sub-specialised area).

The **specific objectives** to be met as per College (Guideline Document T-26-(2013)) requirements are:

5.1 Clinical

5.1.1 To be available for advice to the intern, the HMO and registrar staff where necessary inpatient clerking, discharge summaries, maintaining charts, ordering, and reviewing results and investigations.

5.1.2 To assess and define clinical problems in the critically ill in the broader context and

develop and facilitate a diagnostic and management plan.

- 5.1.3 Assist in managing workflow of interns and registrars and ensure timely collation of results of investigations.
- 5.1.4 Ensure continuity of care for all patients via appropriate handover procedures in the unit, including training of the junior registrar in these procedures.
- 5.1.5 Modify management and treatment of patients initiated by junior staff to provide the highest quality of care.

5.2 Teaching

- 5.2.1 Be actively involved in registrar and nursing teaching.
- 5.2.2 Provide tutorials to medical students.
- 5.2.3 Organise tutorials and journal clubs.

5.3 Administration

- 5.3.1 Involvement in interviews for registrar/intern positions
- 5.3.2 Preparation of Junior Registrar Roster
- 5.3.3 Provide active support for consultants and acting up when required.
- 5.3.4 Management of department and planning of developments
- 5.3.5 Attendance at senior staff meetings

5.4 Quality Assurance Program

- 5.4.1 Morbidity & Mortality reviews
- 5.4.2 Adverse Event Assessment
- 5.4.3 Familiarity with Root Cause Analysis

5.5 College Activities

- 5.5.1 Attendance at CICM hospital inspections in your region
- 5.5.2 Assistance with the CICM examinations when held in your hospital.
- 5.5.3 Supervision or assistance with a registrar project
- 5.5.4 Attend the CICM ASM and other regional events.

The **general objectives** expected to be achieved in the TY year at the level of a specialist/expert level of competency are in the areas of:

- a) Medical (clinical) Expert
- b) Communicator
- c) Collaborator (team worker)
- d) Manager (leader)
- e) Health advocate
- f) Scholar (educator)
- g) Professional

The TY trainee's performance review will be based on feedback from the trainee, senior & junior medical staff, nursing staff, allied health staff, clerical staff, and other relevant personnel. It will also consider any feedback obtained from patients and their families.

The TY trainee will meet with at least one SOT every 3 months to provide feedback and to allow the trainee the optimal opportunity for reflection and successful completion of the year's training objectives. Additional meetings can be arranged as required to facilitate the trainee's progression. CICM In Training Evaluation Reports (ITERS) will also be completed every 6 months and submitted to the College as part of the formal CICM assessment requirement.

6. Enquiries and expressions of interest

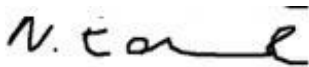
Enquiries and expressions of interest should be directed to;
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Applicants wishing to formalise their application will then be forwarded a SA Health link to apply online.



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