mater education

RMO INTENSIVE CARE UNIT HANDBOOK

Last modified: 06.01.2021

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WELCOME FROM THE MEU

Please read this handbook in conjunction with the RMO Orientation Handbook which is accessible on the MEU website via Zenworks or http://mededu.matereducation.qld.edu.au/handbooks/

MEU Contact Details

If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or PMEO as early as possible.

Director of Clinical Training (DCT)	☎ 8229
Prevocational Medical Education Officer (PVMEO)	☎ 8431
Vocational Training Medical Education Officer (VTMEO)	☎ 1560
Medical Education Admin Officer	☎ 8272
Medical Education Manager	☎ 8114

INTRODUCTION

Welcome to the Mater Intensive Care Unit. We are a Level 3 ICU with a C12 training status with the College of Intensive Care Medicine. During your term, you will be an important part of a multi-disciplinary team committed to provision of quality care to critically ill patients. Working in our department, you will train under the guidance of senior Intensivists. We have a strong academic team with research coordinator support to help with research activities. We pride ourselves on working together as a team in a supportive environment.

The RMO rotation in ICU at Mater Hospital exposes junior doctors to a wide variety of medical and surgical disciplines. Surgical subspecialties encountered include gynaecological oncology, neurosurgery, vascular surgery, ENT surgery, maxillofacial surgery and upper and lower gastrointestinal surgery. Additionally, Mater operates high-level obstetric and epilepsy services, both of which are supported by the ICU. RMOs are expected to leave their ICU rotation with good recognition of the deteriorating and critically ill patient, having attended MET calls with the registrars and assisted with admissions and management of patients to the ICU. They will also be exposed to the general management modalities and treatments unique to the ICU, including invasive vascular access, renal replacement therapies, non-invasive and invasive ventilation and inotropic support. On average, the unit will have 6-12 patients admitted.

UNIT OVERVIEW

Staff

Complex Wide Director	Dr Nai An Lai
Term Supervisor	Dr Loki Johnk
Rosters	Dr Peter Scott
QA Officer	Dr Ravi Chockalingam Pillai
Education	Dr Andras Nyikovics and Dr Loki Johnk
Mentor + Research	Dr Anne Leditschke

2D Echo & Journal Club	Dr Andras Nyikovics
Information Technology	Dr Adrian Langley
Clinical Incidents	Dr. Loki Johnk
NUM MAH ICU	Ms. Reshme Naidoo Sarah Chaseling
NUM MPH ICU	Mr Regan Dent Ms. Kim Briskey

Nurse Educators

MAH	Brooke Andrews
MPH	Chris Kenney
CNC MAH ICU	Anne Conway

Research Coordinator

Department Secretary	Daphne Exelby
Data Manager	Elka Bronn
Senior Registrars	Up to Five positions
Registrars	ICU trainees + rotations from disciplines of anaesthesia, medicine and emergency medicine to MAH ICU.
CCMO's	Critical Care Medical Officers are attached to the MPH ICU
RMOs	Resident Medical Officer and Intern Elective.
Ward Clerk MAH:	Stephanie Barrett and Pip Berry

The ICU team also includes physiotherapists, a speech pathologist, social worker, dietician, pharmacist, occupational therapist, and pastoral care worker.

UNIT ORIENTATION

Your clinical supervisor/s (and term supervisor when available) will conduct a face-to-face unit orientation with you on the first 2 days of the term. During this orientation you will complete a Start of Term Checklist which will cover the following areas:

- Daily handover
- Weekly timetable and duties (where to be and when - ward, clinic and theatre)
- Reporting lines (who to call), the process for escalating concerns and supervision
- Scope of practice
- Clarification regarding when to/not to assist in other areas
- Geographic orientation with the ward with an introduction to the multidisciplinary team
- End of Term Unit Evaluation survey
- Research – discuss of how to get involved and opportunities available in the department

- Surgical Assist (if applicable) – clarify understanding, Mater's specific practice for achieving asepsis, specific technical requirements and operating theatre behaviour
- Confirmation that the RMO has read and understood the unit handbook, as well as any relevant unit policies and procedures
- Individual learning objectives

The Start of Term Checklist is completed online and the link is available on the Medical Education Unit website: http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/

RMO LEARNING OBJECTIVES

Unit learning objectives

- Comprehensive assessment and management of critically ill patients;
- Presentation of patient cases to clinical supervisor(s);
- Exposure to types of patient requiring intensive care;
- An understanding of principles of intensive care management of failed organs and systems;
- Performance of procedures commonly occurring in an intensive care environment:
    - Intravenous cannulation
    - Insertion of Urinary IDC
    - Insertion of intra-arterial lines under supervision
    - Thoracentesis under supervision

At the end of your time on the Unit, you should be able to recognise and institute the appropriate emergency management of critically ill patients. This would include:

- Resuscitation of a shocked patient,
- Airway management,
- Management of ventilation,
- Dialysis, and
- Appropriate use of inotropes and antibiotics

You should also be very confident in interpreting blood gas results, routine biochemical and haematological results, coagulation disorders and in particular chest x-rays. Under close supervision, you may have the opportunity to gain technical skills in intubation and central line insertion, insertion of intercostal catheters and other invasive procedures.

AMC Learning Outcomes for Interns Applied to ICU:

Expected Opportunities	Examples
Intern as scientist and scholar: Opportunities to apply, consolidate and expand clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care.	• History taking and examination of critically ill patients • Recognition of deteriorating patients • Inserting peripheral intravenous cannulas
Intern as practitioner: Opportunities to develop diagnostic skills, communication skills, clinical management skills (including therapeutic and procedural skills), evidence-based care approaches, and professionalism, all under appropriate supervision.	• Multidisciplinary teamwork • Interpreting basic imaging (e.g. x-rays)
Intern as professional and leader: Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*.	• Log book of procedures to document experience • Completing self-assessments at mid and end-term assessment meetings and discussing these with the Term Supervisor • Actively seeking regular feedback formal and informal from supervisors throughout the term
Intern as health advocate: Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.	• Management of patient discharges / handover communication • Completion of the End-of-Term Unit Evaluation survey • Completion of the RMO Education Feedback survey following each education session

Individual Learning Objectives

Your supervisor will discuss and develop learning objectives with you at your face-to-face orientation and evaluate progress towards them at mid - and end-of-term assessment. These individual learning objectives are to be documented on the Start-of-Term Checklist before submission.

RMO DUTIES & RESPONSIBILITIES

Primary Rules to live by in the Intensive Care Unit

- The RMO may not accept any admission to the unit. That is the prerogative of the Consultant or the Senior Registrar.
- **If in doubt, ask**. You are expected to ask either the Consultant or the Registrar at any time during the day if you have any concerns. Do not hesitate to ask.

The RMOS are under the supervision of the more senior medical staff. Each junior doctor is strongly encouraged to approach the Consultant and Senior Registrar to ask questions, gain assistance or clarify expectations.

General Responsibilities include:

- Attendance at all weekday ward rounds and documentation of ward round notes in the patient medical record;
- Ordering of routine investigation such as blood tests, radiology, ECG, Echo;
- Preparation of the ICU Discharge Summary, which must be reviewed by the Registrar / CCMO; and
- Assessment, presentation and documentation of newly admitted patients under the supervision of the Registrar and Senior Registrar as appropriate.

RMO duties will include:

- Assistance with admissions and discharges of all patients with joint development of management plans with the registrars and consultants
- Daily ward rounds, with assessment of critically ill patients and the execution of management plans over the course of the day
- Attendance at weekly teaching sessions, journal clubs and simulation sessions, taught by consultants on various critical care topics
- Attendance of MET calls with junior registrars to familiarise themselves with the MET process
- Twice-weekly ID and microbiology multidisciplinary rounds, in order to gain appreciation for critical care microbiology and antibiotic surveillance
- Exposure to family discussions, including end-of-life planning, offered in a multi-disciplinary format
- Exposure to the types and processes of organ donation

PGY2+ surgical assist remote call

- Be available during the surgical assist rostered times;
- Participate in surgical assist orientation and walk through at the start of the intern year;
- Maintain a clear understanding of: purpose, Mater's specific practice for achieving asepsis, specific technical requirements, and operating theatre behaviour throughout the intern year ;
- Discuss level of exposure to medicine and surgery with the clinical supervisor prior to assisting;
- Confirm scope of practice for surgical assist;
- Seek feedback on their performance directly after surgical assist ;
- In the first instance, discuss any concerns with the clinical supervisor, and if concerns are not allayed, contact the Ward Call Term Supervisor and the Medical Education Unit;
- Evaluate surgical assist using the end of term evaluation survey;

- Self-regulate levels of fatigue. Specifically, RMOs will have a 10 hour break between each shift and are required to enact fatigue leave as documented on the Surgical Assist Feedback Form

Mater Intensive Care Ward Round

At 8:00 the team will assemble in MAH/MPH ICU. The team consists of the Consultant, Senior Registrar, Junior Registrar / CCMO, Resident / Intern, nursing team leader and medical students. The night registrar / CCMO will present each case to the team according to the format outlined below. During this round broad plans may be outlined. At the end of this round, there is a short break followed by a ward round where the team will review each patient in detail.

Morning Handover Format for the night registrars

Handover should be efficient and structured in order that information which impacts on decision-making is not lost or overlooked. Aim to take no more than five minutes on average per patient. The Registrar/CCMO handing over should impart the following information in the order listed for each patient:

1. Brief overview - name, age, days in ICU, home team, current provisional diagnosis, admission source and summary of presenting features;
2. Review of problem list – both active and resolved;
3. Events through last shift and interventions required;
4. Brief system-based review of current status (start with CNS, then CVS, Resp, etc) and level of organ support;
5. Most recent investigational data – haematology, biochemistry, microbiology, radiology; and
6. Today's tasks and goals.

The Consultant or Senior Registrar leading the round should ensure that this format is adhered to as much as possible. The benefits of maintaining such a structure outweigh any repetitious drawbacks.

When the Registrar has completed the above list concerning a given patient, clarifying questions can be asked and comments made, under the leadership of the Consultant (or Senior Registrar in his absence). If possible a preliminary plan is put in place for the day, subject to more detailed later review when appropriate.

Daily Summaries

At the Mater ICU, we keep daily summaries and discharge summaries in an electronic format with printouts on the "Patient Record Notes" that are filed in the patient's chart. The records are made on templates available on "L" drive and the summaries are stored in separate folders on the same drive.

Dr Langley and Dr Vithanage have developed a Microsoft Word based CODED HANDOVER sheet which automatically produces admission, ward round notes and discharge summaries. These documents need further editing for completion before they can be printed and put into the patient notes as legal documents. The handover sheet can be printed out for daily handover, but is not a legal document.

A Training Module has been created to facilitate using the Handover Sheet. Please complete the module in the first few days of commencing the term.

This is available at L:\ICU\MAH CODED HANDOVER/Training Module

The addendum document also details how to use the CODED HANDOVER sheet.

Medication Charts

- New medication chart for each patient on admission to ICU;
- Use generic names of drugs only;
- Keep in mind
    - ambiguity with some short forms used to prescribe route and frequency of administration;
    - ambiguity with using short forms of units of drug doses;
- A prescription that needs a change needs to be re-written;
- Date and sign when ceasing an order;
- The responsibility of writing times for drug administration lies with the medical staff;
- To enable safe and improved workflow for the nurses there needs to be a dialogue between the person prescribing the drug and the nurse looking after the patient to the TL;
- This dialogue should result in drug administration times which address the medical urgency of drug administration as well as easier work flow for the nursing staff;
- The nurses are authorised to write-in the times themselves if they so prefer; and
- If the timing of drug administration needs to be changed, a fresh prescription should be written.

SUPERVISION

Term supervision is conducted by Dr Loki Johnk. Clinical supervision is provided by unit Consultants and Registrars. The RMO reports directly to the Registrar of the Unit – if he or she is unavailable (e.g. absent on sick leave), please report to the relieving registrar. The hospital is also serviced by a MET (Medical Emergency Team) for critical changes in condition.

Primary care of the patient is undertaken by the intern and resident, under the guidance and assistance of the Term Supervisor or clinical supervisor who is either a Registrar or a Consultant.

Scope of Practice

As an intern, you are not permitted to perform any clinical procedure without direct observation, at least in the first instance. Your clinical supervisor will then inform you what is to happen in future, with regard to whether or not direct supervision is required. This will be dependent on the skill itself and level of proficiency demonstrated.

Escalating Concerns

Any problems or questions regarding care of ICU patients should be referred to the Unit Registrar. If the Registrar is not available, then the relevant consultant should be contacted as necessary. In particular, please contact at any time of day regarding the following: -

- Worsening conscious state

- Hypotension
- Tachypnoea

ASSESSMENT AND FEEDBACK

Assessment

It is the responsibility of the RMOs to seek a mid-term and end-of-term assessment with their term supervisor. If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or medical education, early. The MEU will send out a reminder email with instructions to all RMOs one week prior to all due dates. The assessment form can be accessed at any time from the Medical Education Unit website via Zenworks or http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/

There is also an optional self–assessment section located at the beginning of the assessment form, which you are encouraged to complete and discuss with your supervisor. However if you wish to complete this separately you can complete the RMO form Self-Assessment Form which is located on the Medical Education Unit Website under 'Assessment Forms'.

Feedback

Your clinical supervisor/s will provide regular written feedback regarding your progress via your assessment forms, and verbal feedback on a daily basis. If you have concerns or would like more regular feedback, speak to your supervisor in the first instance and the MEU if required. At the end of your rotation, you are required to complete the end-of-term unit evaluation survey and provide valuable feedback on your supervision.

For more information regarding assessment and feedback, please refer to the RMO Orientation Handbook.

POLICY & PROCEDURES

Policies and Procedures

Mater policies and procedures are located on the Mater Document Centre. To access or search a policy, visit the Mater Intranet and click on Mater Document Centre.

Protocols

These are located on the ICU Intranet. To access this site, visit the Mater intranet and click on Applications hyperlink, then Departments, and select Intensive Care Unit.

EDUCATION & TRAINING OPPORTUNITIES

Tuesday

12.30pm - 1.30pm: RMO Education **(Protected Teaching Time)**

Monday

2:30pm - 4pm: Unit Education Session - Junior registrars and RMOs to attend (Senior Registrars to cover the unit)

- Format could include a lecture, tutorial, hands on session, journal club or topic review

- Conducted by consultants on various topics and practical ICU issues

Thursdays

12.30pm - 1.30pm RMO Education **(Protected Teaching Time)**

12pm - 1pm Mortality & Morbidity & Incident Review meeting Thursdays

Fridays

12.30pm – 1.30pm PIP (Interns only) **(Protected Teaching Time)**

UNIT ROSTER & TIMETABLE

Rostered Hours

Hours – 8am to 5pm with a 30 minute lunch break. Your regular working hours need to add up to 76 hours / fortnight under the current Enterprise Bargaining Agreement.

ALL *Medical staff will be required to complete their time sheets accurately and to note clearly where the service was provided. If time split has occurred with other hospitals or other parts of the Mater complex, this should also be clearly noted on the time sheet.*

ANY UNROSTERED OVERTIME *will need to be authorised prior to the event and signed by the relevant Consultant on each occasion.*

In accordance with the RMO Award Section 4.3, payment of unrostered overtime will NOT occur unless the above authorisation has been completed.

DAILY TIMETABLE	TIME and ACTIVITY
Monday	8am: Ward round 2pm: Infectious Diseases Ward Round (MAH) 2:30pm - 4pm: ICU education (as above) 4pm: Handover
Tuesday	8am: Ward round **12.30pm-1.30pm: RMO Education – Protected Teaching Time [all RMOs] – Duncombe Building, level 4.** 4pm: Handover
Wednesday	8am: Ward round 12noon: Safety Huddle 1.30pm: Multidisciplinary Ward Round (MAH) 4pm: Handover

Thursday	8am: Ward round 12noon -1.30pm: Mortality and Morbidity Weekly Meeting **12.30pm-1.30pm: RMO Education – Protected Teaching Time [all RMOs] – Duncombe Building, level 4.** 2pm Infectious Diseases Ward Round (MAH) 4pm Handover
Friday	8am: Ward round **12.30pm-1.30pm: PIP –Protected Teaching Time [Interns only] Duncombe Building, level 4.** 4pm: Handover

Saturday and Sunday ward round are at 8am.

RMOs are also involved in teaching medical students on an ad hoc basis and as cases arise.