

RESPONSIBILITIES OF MEDICAL STAFF PRINCE OF WALES HOSPITAL INTENSIVE CARE UNIT

The 22 bed ICU falls under the Department of Anaesthesia and Intensive Care. The Chief of Service of the Department of Anaesthesia and Intensive Care appoints the Director of ICU. The outline of the responsibilities of medical staff stated below is detailed for operational reasons. Responsibility and duties may be altered from time to time at the discretion of the Chief of Service or Director as appropriate.

Overall staffing (full time equivalents):

Consultant 1.5, Senior Medical Officer/Associate Consultant 5.5, and Medical Officer 6.

An overview of responsibilities and duties are as follows:

1. Director

The Director of the ICU is a physician who is qualified in intensive care medicine and his/her own specialty (anaesthesiology, surgery, internal medicine).

Responsibilities

1. Has the administrative task of unit management
2. Is able to give clinical, administrative and educational direction to the ICU.
3. Has final responsibility for the quality, safety and appropriateness of care in the department.
4. Is regularly involved in the care of patients in the department.
5. Participates in the continuing training in intensive care medicine.
6. Is knowledgeable about developments in intensive care medicine.
7. Should spend at least 75 % of his/her clinical activity in the ICU.
9. Will periodically review the appropriate use of ICU resources in the hospital.
10. Is available to the ICU 24 h a day, 7 days a week for administrative and clinical problems (unless represented by equally qualified alternative).

2. Consultant (functional level)*

Current status: Five positions

The ICU consultant level medical staff is qualified for intensive care medicine and their own specialty of anaesthesia, surgery, internal medicine.

Responsibilities

Clinical and teaching

1. To provide state-of-the-art treatment of the critically ill patient in a 24 h coverage system for 7 continuous days at a time.
2. To ensure reasonable availability and rotation in the continuous on-call system.
3. To conduct at least two clinical rounds a day.
4. Being immediately available for urgent consultation and assistance in the resuscitation and subsequent management of critically ill patients.
5. Supervising trainees in the intensive care unit, provide and participate in appropriate educational activities for:
 - Trainee specialists.
 - Intern and resident medical officers.
 - Postgraduate nurses.
 - Medical students.
 - Undergraduate nurses.
 - Paramedical staff.
6. Being available to medical colleagues for consultation and liaison as appropriate regarding patient care.
7. Provide acute resuscitation for trauma and other emergencies when requested.
8. Provide transport of critically ill patients when requested.
9. To be aware of unit admission and discharge criteria.

Administrative and research

1. Ensuring and reviewing quality of patient care by participating in audit, peer review and quality assurance programs.
2. Maintaining personal knowledge and skills by participating in continuing education and maintenance of professional standards programs.
3. Contributing to hospital committees, and the committees of health authorities and other organisations.
4. Contributing to activities of the Faculty, relevant Colleges and other professional associations.
5. Ensuring research is carried out in the unit by participating in and/or supporting research.

3. Associate Consultant/Assistant Professor (Intensive Care)

Work full-time in the ICU. May be trainees who have already passed their ICU examination, or trainees with adequate ICU experience preparing to sit the exam.

Responsibilities (Supervision as requested)

Clinical duties and teaching

1. To provide medical treatment of the critically ill patient in a "shift duty" coverage system.
2. To ensure reasonable availability for the "shift duty" on-call system.
3. To be present at all relevant clinical rounds.
4. To follow departmental guidelines relating to routine clinical duties in the ICU.
5. To perform routine and emergency clinical procedures as indicated.

6. To be available to supervisors and medical colleagues for liaison regarding patient care.
7. To provide acute resuscitation for trauma and other emergencies when requested.
8. To provide transport of critically ill patients when requested.
9. To be aware of unit admission and discharge criteria.

Administrative and Research

1. To be involved in the unit administrative duties eg. Audit, Peer Review, Quality Assurance
2. Support/help in research

4. Senior Medical Officer/Associate Consultant (Anaesthesiology)

Current status: variable from day to day – depends on unit requirements

Responsibilities (Supervision as requested)

1. To provide medical treatment of the critically ill patient in a “shift duty” coverage system.
2. To ensure reasonable availability for the “shift duty” on-call system.
3. To be present at all relevant clinical rounds.
4. To follow departmental guidelines relating to routine clinical duties in the ICU.
5. To perform routine and emergency clinical procedures as indicated.
6. To be available to supervisors and medical colleagues for liaison regarding patient care.
7. To provide acute resuscitation for trauma and other emergencies when requested.
8. To provide transport of critically ill patients when requested.
9. To be aware of unit admission and discharge criteria.
10. To be aware of unit administration policy.

5. Medical Officers

These doctors comprise of trainees in Intensive Care Medicine/Critical Care Medicine, or trainees rotating from Anaesthesiology or other departments as part of their training requirement. There are also Medical Officers from Anaesthesiology who may be rostered on a variable basis to the ICU depending on the unit requirements.

Responsibilities (Under appropriate supervision)

1. To provide medical treatment of the critically ill patient in a “shift duty” coverage system.
2. To ensure reasonable availability for the “shift duty” on-call system.
3. To be present at all relevant clinical rounds.
4. To follow departmental guidelines relating to routine clinical duties in the ICU.
5. To perform routine and emergency clinical procedures as indicated.
6. To be available to supervisors and medical colleagues for liaison regarding patient care.

7. To provide acute resuscitation for trauma and other emergencies when requested.
8. To provide transport of critically ill patients when requested.
9. To be aware of unit admission and discharge criteria.
10. To be aware of unit administration policy.

* Note: The ICU actually functions with three consultant rank specialists - one consultant and one Professor and one Associate Professor. However, to allow appropriate functioning of the ICU, the staff functioning at a senior level does not correspond with actual rank. A Senior Medical Officer and one Associate Consultant also function at consultant level.