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<th><strong>Accreditation Level</strong></th>
<th>C24</th>
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| **Name of Director and small bio** | Robert Herkes  
Advanced Intensive Care Medicine Training at Royal North Shore  
Interest in Health Systems at State and Federal Level.  
Chair NSW Intensive Care Taskforce |
| **Name of Supervisor/s of Training and small bio** | Paul Phipps  
Advanced Intensive Care Medicine Training at RPAH and Oxford. Advanced Thoracic Medicine Training at RPAH.  
PhD University of Sydney.  
Clin A/Prof Intensive Care Medicine, University of Sydney. |
| **Names of other ICU specialists in the Unit** | Dr Richard Totaro  
Dr Clive Woolfe  
Dr David Gattas  
Dr Mark Daley  
A/P Michael O’Leary  
Dr Mark Lucey  
Dr Heike Koelzow  
Dr Rob Hislop  
Dr Oran Rigby  
Dr Mark Kol  
Dr Sanjay Tarvade  
Dr Jonathan Gatward |
| **Public or Private** | Public |
| **Number of beds in ICU** | 52 |
| **Number of annual admissions** | 3500 |
| **Case mix, highlighting areas of Specialty** | Haematology  
Transplant - National Liver Transplant Unit.  
Obstetrics  
Major Vascular  
Cardiothoracic  
ECMO  
Neurosurgery  
Trauma  
Other: State referral ECMO retrieval service |
| **Is your ICU divided into sub-specialty units? If so, which and are they staffed by your registrars?** | General ICU (Green Unit) 17 beds  
General ICU (Blue Unit) 14 beds  
Cardiothoracic ICU 11 beds  
Neurosurgical ICU 10 beds  
All Units staffed by ICU Registrars |
| **As part of an ICU trainee package, are any of the following offered?** | Anaesthesics  
Medicine |
| **Does the hospital offer a Provisional Fellow Year?** | Yes, Fellow year in Intensive Care Medicine on Consultant roster |
| **Do you have a MET or outreach service staffed by ICU registrars?** | We provide an ‘ICU-assist’ service to hospital wards, led by the ICU registrars, who are also involved in the trauma, cardiac arrest and outreach teams. |
| **What education program do you provide for your trainees (including orientation programs, teaching sessions)** | There is a very broad education program within the ICU. All medical staff, from RMO to Consultant are involved in both the delivery and receipt of teaching and active learning.  
Our aim is to achieve active learning with high level and deep engagement |
and courses, for primary and/or fellowship exams)?

| from our learners and the program is directed towards this. Our program includes regular in-situ Simulation-based teaching in intact teams, didactic and hands-on Echocardiography sessions, Consultant-delivered ‘state-of-the-art’ lectures on core topics or ICU controversies, small group interactive tutorials, case-based and/or problem-based sessions, and regular weekly “Hot Case” sessions, teaching the evaluation and synthesis of an ICU patient or problem. In addition to this we have regular (3 weekly) radiology and biochemistry tutorials as well as a monthly Journal Club. Trainees teach on a weekly ‘core subjects in ICU’ course aimed at RMOs. Our trainees also have the opportunity to attend teaching sessions within the Anaesthetic and Cardiology departments as well as the weekly hospital Grand Rounds. Our department also runs the BASIC course twice a year and an Acute Medicine Course once a year. |

How does your hospital offer support to Trainees regarding their formal project?

| All Intensivists are involved in local and multicentre research projects and are able to mentor Advanced Trainees. Resources include: Intensive Care Service Research committee consisting of: Director of ICU Research, 4 Research co-ordinators, Established Clinical Information System and Departmental IT personnel to support data gathering. |

Are there research opportunities available for Trainees? If so please explain.

| The unit has a prolific record of recruitment into randomised controlled trials. Successful and recent peer-reviewed grant applications. The Unit is affiliated with the ANZICS CTG, including current representation of NSW on the CTG Executive. Intensivists with skills and experience in clinical trial design and performance are available to provide mentorship with individual research projects targeted at Advanced Trainees. Extensive use of clinical information systems to support data collection. |

Is echocardiography specifically taught? If so please provide details.

| Dedicated Critical Care Ultrasound training with a view to achieve competency (by all trainees) in performing basic echocardiography and proceeding to image acquisition, regional wall motion assessment, assessment of valvular function and doppler measurements including diastolic dysfunction. Also included is lung ultrasound and ultrasound use in various procedures. This includes hands on sessions (3per month) and lectures on various echocardiography and ultrasound topics pertaining to Intensive Care Medicine. These sessions are carried out by Intensive Care Consultants trained in Echocardiography and Ultrasound. Besides these sessions, there has been significant collaboration between Cardiac Anaesthetists, Cardiologists and Intensive Care Consultants to initiate a case based discussion on various Transthoracic and Transoesophageal Echocardiograms on a regular basis. |

Regarding the staff roster for trainees, please provide information on the following:
- Number of continuous hours on call
- Number of days on/off
- Rostered non-clinical time
- Amount of leave allowed to be taken

| All our JMOs work a week on/week off roster. Weeks on consist of 7 x 12.5 hr shifts. More senior trainees work approximately 3:1 days:nights SRMOs work approximately 1:1 days:nights. There is no on-call from home except for those senior trainees seconded to Bankstown ICU and the ICU Fellow. Rostered non-clinical time is sporadic. Annual and Study leave etc. is taken in accordance with the award. |

Is there the potential of working part-time? e.g. job sharing etc.

| May be possible. |

Any other highlights or benefits of working in your Unit?

- Extensive use of VV and VA ECMO with State ECMO retrieval on 2nd weekly basis
- State Liver Transplant Unit
- Anaesthetic and Medicine Terms arranged as part of ICU Training package
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