

RUN DESCRIPTION

POSITION:	Palliative Care General Medicine Registrar
DEPARTMENT:	Palliative Care Service, Division of Medicine, Counties Manukau DHB (Middlemore Hospital)
PLACE OF WORK:	Counties Manukau DHB – Middlemore Hospital & other related sites
RESPONSIBLE TO:	Clinical Head Palliative Care for clinical matters. Clinical Head General Medicine for General Medicine component of the run & . Service Manager of Medicine, through Clinical Head for administrative matters and nominated supervisor(s) for training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Counties Manukau DHB, South Auckland hospice and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of inpatients and outpatients under the care of the Department of Palliative Care, Medical Services.
RUN RECOGNITION:	This run is eligible for recognition as part of an appropriate training program for specialist qualification.
RUN PERIOD:	This run description applies to runs of 6 months duration

Background:

The CMDHB Specialist Palliative Care Service (SPCS) is the hospital-based Palliative Care provider for the population of Counties Manukau DHB. The SPCS is a subspecialty within the Division of Medicine and is located in the staff centre at Middlemore Hospital.

The SPCS is a medical and nursing consultancy service providing palliative care advice to inpatients of Middlemore Hospital in response to referrals from ward based health professionals who are managing the care of the patient. A regular outpatient service is also provided.

Patients eligible for specialist palliative care include those with active, progressive advanced disease for whom the prognosis is limited and the focus of care is quality of life *and* who have a level of need that exceeds the palliative resources of the primary team. These patients have a breadth and depth of need over and above the “ordinary”. Extraordinary needs can be patient, carer or health team centred and the support required may be intermittent or continuous depending on the level of need and the rate of disease progression. Eligibility is based on need not diagnosis, and patients with either malignant or non-malignant diseases qualify for palliative care.

Team members interface closely with other members of the multidisciplinary team in order to ensure that patients receive multi-dimensional care appropriate to their current needs. These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

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The service has close links with community services (hospices, cancer society, district nursing services) providing palliative care. Liaison with these services and the patient's general practitioner (GP) are routine.

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • To facilitate the safe and efficient management of patients referred to the palliative care team, under supervision of the palliative medicine specialist. • Provide initial and follow-up assessments and initial and updated management plans for patients referred to the palliative care team, under supervision of the palliative medicine specialist. • Understand the philosophy and objectives of Palliative Care and the Palliative Care Service and set goals for practice within this framework • Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to that patient. This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples. • Work closely with members of the multidisciplinary team in provision of assessments for in-patients referred to the Palliative Care Service in Middlemore hospital. • Develop, and implement management plans for in and out patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team, in consultation with the palliative medicine specialist. • Respect responsibility of primary medical or surgical ward team managing patient and discuss all recommendations with that team • Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day • Document assessment summaries and management plans in patients' clinical notes • Ensure weekend and overnight palliative management plans are documented in the notes • Undertake diagnostic and treatment procedures appropriate to the subspecialty • Monitor and review management plans in accordance with changes in the clinical condition of patients in consultation with the palliative medicine specialist. • Maintain a high standard of communication with patients, patients' families and whānau • Maintain a high standard of communication with hospital and community health professionals and other staff. • Participate in review of patients under the care of the Palliative Care Service in conjunction with the multidisciplinary team • Inform Palliative Care Service SMO of the status of patients especially if there is an unexpected event • Attend timetabled paper round, team and departmental meetings • Participate in research, policy/protocol development and audit as agreed with Clinical Lead SMO and run supervisor • Ensure that relevant palliative care assessment summaries and management plans are forwarded to community providers and patients GP on discharge of the patient

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<i>Area</i>	<i>Responsibilities</i>
	from the Palliative Care Team, or prior to discharge from the team if weekend discharge is anticipated.
Administration	<ul style="list-style-type: none"> Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded Participate in research and audit as agreed with training supervisor

Section 2: Weekly Schedule

A full time registrar will work 42.5 ordinary hours per week between the hours of 0800 and 1630. There is a requirement to support the after-hours duty roster of general medicine, within approved RDA schedules regarding remuneration and time allotment.

The scheduled activities are shown below. In addition to activities shown in the weekly schedules (timetabling of which may be subject to change) the registrar will be allocated to clinical activities, non clinical activities and four hours per week of protected training time. Timetabling of SMO rounds, clinical activities, non clinical activities and protected training time may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 - 0830 paper round 0830-1000 Formal round with team clinical and non- clinical work	0800-0830 paper round clinical and non- clinical work	0800-0830 paper round clinical and non- clinical work	0800-0830 paper round clinical and non- clinical work	0800-0830 paper round clinical and non- clinical work
p.m.	1300 Clinical review meeting clinical and non- clinical work	1300 Clinical review meeting clinical and non- clinical work	1300 Medical Teaching	1300 Clinical review meeting clinical and non- clinical work	1215 Medical Grand Round clinical and non- clinical work

Clinical activities may include outpatient clinics, ward rounds, ward work, reading and responding to patient referral letters, grand rounds, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, research and study related to the treatment of a specific patient, telephone and other ad hoc consultations, discussions and meetings with care givers and patients' families, preparation of reports.

Non - clinical activities may include teaching - (including preparation time), educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources, preparation of clinical resources

Section 3: Training and Education

	<i>Details</i>
<i>Protected Training</i>	<ul style="list-style-type: none"> Protected training time of 4 hours per week will be allocated for CPE, professional self

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	<i>Details</i>
<i>Time</i>	development, medical learning and to attend teaching sessions with training supervisor. This will include time for attendance at journal club
Hospice Placement	<ul style="list-style-type: none"> Optional completion of Clinical Diploma of Palliative Medicine (RACP), placement in a community hospice in order to fulfil the training requirements of the diploma may be arranged by agreement between the registrar, supervising consultant and relevant hospice.
<i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested</i>	

Section 4: Roster

<i>Roster</i>	
Hours of work	
Monday to Friday	0800-1630
Friday & Saturday	2200-0800
The registrar shall also participate on the after hours General Medicine night roster working 1 in 5 Friday and Saturday night duties.	

Section 5: Cover

<i>Other Resident and Specialist Cover</i>
From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.

Section 6: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will;</i></p> <ul style="list-style-type: none"> At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them; After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; Sight and sign the final assessment report provided by the service. 	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> An initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; An interim assessment report on the Registrar six (6) weeks into the run, after discussion between the Registrar and the Consultant responsible for them; The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Registrar will bring these to the Registrar's attention, and discuss and implement a plan of action to correct them; A final assessment report on the Registrar at the end of the run, a copy of which is to be sighted and signed by the Registrar.

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Section 7: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.0	The Service will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	9.0	
All other unrostered hours	5.0	
Total hours per week	54.0	

Salary The salary for this attachment will be as detailed in a **D** Run Category, to be confirmed by a run review.

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