

RUN DESCRIPTION

POSITION:	Emergency / Anaesthesia Registrar
DEPARTMENT:	Adult Emergency Department and Anaesthesia
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Manager, through a nominated Consultant/Physician.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Anaesthetic Department and the pre-operative and post-operative management of patients under the care of ADHB
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>EMERGENCY MEDICINE:</p> <ul style="list-style-type: none"> The Registrar's primary role is the provision of timely, appropriate and effective emergency medical care for patients attending the Emergency Department. In the rare instance when ADHB declares a major incident, Registrars will be called to assist. This will be paid as additional duties and any subsequent shifts will be changed to ensure appropriate recovery time is provided before commencing the next shift. During this time, major incident protocols will be instigated as per DHB policy. <p>ANAESTHESIA:</p> <ul style="list-style-type: none"> Clinical work involves Acute and Elective, general and regional anaesthesia Pre-operative assessment of elective surgical patients Provision of appropriate anaesthesia for elective and acute patients under the direct or indirect supervision of the Anaesthesia Co-ordinator or Consultant anaesthetist on-call.

Area	Responsibilities
	<ul style="list-style-type: none"> • The Registrar will be expected to work in operating rooms in Auckland City Hospital and the Greenlane Clinical Centre short stay surgical unit. • Post-operative visits as deemed necessary • Maintain a high standard of communication with patients, patients' families and staff • Attend hand-over, team and departmental meetings as required
Work Expectations	<p>BOTH SERVICES :</p> <ul style="list-style-type: none"> • The service will provide appropriate scrubs to be worn during the shift. Registrars must be changed and ready to start at the allocated shift time. <p>EMERGENCY MEDICINE :</p> <ul style="list-style-type: none"> • The Registrar will assess, investigate, and undertake relevant further medical management of patients attending ED. This includes effective and appropriate liaison with other health providers to optimize patient management. • An Emergency Medicine consultant will be available for consultation at all times, generally in person from 0800h until 0100h, thereafter by phone. • The Registrar will, when possible, be available to offer advice and assistance to the House Officer working alongside in ED. • Routine duties are carried out in the ED. • Hours of duty are allocated according to a roster. • The Registrar shall be responsible for the appropriate "handing-over" (transfer of management) of any patients under their care to a doctor on the next shift, including appropriate documentation. • The Registrar is expected (in the course of their daily clinical work) to assist with the supervision/training of medical trainee interns and medical students <p>ANAESTHESIA:</p> <ul style="list-style-type: none"> • The ED Anaesthetic registrar run is designed to acquire skills in the management of patients undergoing general and regional anaesthesia. • The Registrar is to report to the Duty anaesthetic co-ordinator on the first day and will be rotated around the various theatres. They are expected to work under the supervision of the Anaesthetist or Senior Anaesthetic Registrar.
Administration	<p>EMERGENCY MEDICINE:</p> <ul style="list-style-type: none"> • The Registrar will maintain a satisfactory standard of documentation. • The Registrar will ensure that a copy of the clinical notes or discharge summary accompanies every patient on their discharge from the Department, and that relevant follow-up arrangements are made. • Where appropriate, the Registrar will provide a prescription for medication and/or relevant certificate regarding work fitness. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded. • The Registrar is responsible for the completion of relevant ACC documentation. • The Registrar is responsible for certifying death and completing appropriate documentation. • At the direction of the Clinical Director, the Registrar will assist with operational research and auditing in order to enhance the performance of the Service. • All medico-legal administrative activities will be carried out in consultation with the Clinical Director. • Obtain informed consent for procedures within the framework of the Medical Council

Area	Responsibilities
	<p>guidelines which state:</p> <p>“The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed.”</p> <p>“Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so.</p> <ul style="list-style-type: none"> • If absent due to unexpected circumstances (e.g. health, other), contact the ED Support Team or Duty SMO directly. • As an RMO working at ADHB you will be provided with a Concerto login and an ADHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly. <p>ANAESTHESIA</p> <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. • If absent due to unexpected circumstances (e.g. health, other), contact the Level 8 Anaesthetic Co-ordinator of the day. • Registrar will work as per the supervising Anaesthetist for that shift ie documentation, technical skills etc.
Leave	<ul style="list-style-type: none"> • Leave will be administered by the Emergency department.

Section 2: Training and Education

Training and Education

Four hours of protected training time will be provided by the service/s each week.

Emergency Medicine

- The Emergency Medicine consultants are committed to the provision of quality on floor teaching and supervision and are present in this capacity from 0800h to about 0100h, every day of the week and by telephone for all other times.
- All Registrars are required to attend departmental continued medical education (CME). The registrar will be allocated to present at the departmental CME teaching.
- Formal teaching occurs every Tuesday (the Registrar will attend either of the following depending on their stage of training)
 - 10:00- 12:00 (for Primary and Fellowship teaching)
 - 14:00-16:00 ED departmental teaching .
 - Any Registrar within one year of sitting Part 1 or Part 2 exams will attend teaching on these days. Any Registrar intending on attending teaching must advise the SMO.
- There is a weekly regional teaching session for part one and fellowship exam preparation held on Tuesday mornings
- The Director of Emergency Medicine Training (DEMT) is available to provide feedback and information on training.

Anaesthesia

Trainees will be released for teaching on Tuesdays

Section 4: Cover:

Other Resident and Specialist Cover

There are 2 Emergency Medicine/Anaesthesia Registrars that participate on the mixed registrar roster model.

Emergency:

- There will be an Emergency Medicine Consultant present on the floor between the hours of 08:00 to 01:00 every day of the week and by telephone for all other times.

Anaesthesia:

- ED trainees will be under direct supervision at all times

Section 5: Roster

A 12 week rotating Roster: Administered by the Emergency Department Support Team.
Anaesthetic shifts and theatre allocations are rostered by Anaesthetic Roster Co-ordinator.

	M	T	W	T	F	S	S	Hours
week 1	z	z	z	M	M	M	M	40
week 2	X	OT	OT	OT	OT	x	x	36
week 3	N	N	N	N	z	z	z	40
week 4	OT	OT	OT	OT	OT	x	x	45
week 5	M	M	M	x	x	A	A	48
week 6	X	OT	OT	OT	OT	x	x	36
week 7	OT	OT	OT	x	x	A	A	45
week 8	x	x	A	A	A	x	x	27
week 9	OT	OT	OT	OT	OT	x	x	45
week 10	A	A	A	x	x	M	M	47
week 11	x	OT	OT	OT	OT	x	x	36
week 12	A	A	x	x	N	N	N	48
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Key :

Service	Duty	Hours	Length
Anaesthesia	OT	07:30 – 16:30	9
ED	M	08:00 – 18:00	10
ED	A	16:00 – 01:00	9
ED	N	22:30 – 08:30	10
ED	W/E	12:00 – 22:00	10
	X – Rostered Off	-	-
	Z – sleep day following nights	-	-

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> At the outset of the run, meet with their Supervisor of Training to discuss goals and expectations for the run, review and assessment times and one on one teaching time Enter their placement on the ACEM (Australasian College of Emergency Medicine) for both Emergency Medicine and Anaesthesia at 0.5 FTE. This will generate ITA's (In Training Assessments) which includes a mid run and end of run assessments If deficiencies are identified, the Supervisor of Training will identify these with the Registrar and implement a corrective plan of action under the advice of their Consultant. 	<p>The service will provide:</p> <ul style="list-style-type: none"> an initial meeting with a nominated Consultant (who will usually be the designated supervisor) and Team Leader 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 three (3) months into the run, after discussion between the Registrar, designated supervisor and Team Leader The opportunity to discuss any deficiencies identified during the attachment. The designated supervisor 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.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic Hours	41.08	The Service, together with RMO Support will be responsible for the preparation of any Rosters.
Unrostered Hours	3	
Total Hours per Week	44.08	

Salary: The salary for this attachment is estimated to be a Category F, however as per clause 8.1.5 of the RMO MECA, RMO's will be remunerated at a Category C.