

RUN DESCRIPTION

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| POSITION: | Cardiology Registrar (EP/Catheter) |
| DEPARTMENT: | Cardiology Department, Medical Services |
| PLACE OF WORK: | Counties Manukau District Health Board including Middlemore Hospital and other related sites |
| RESPONSIBLE TO: | Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head. |
| FUNCTIONAL RELATIONSHIPS: | Health care consumers Hospital and community based health care workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of Department of Cardiology |
| 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> |
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| Clinical Duties | <p><u>Responsibilities:</u></p> <ul style="list-style-type: none"> • Reviewing in-patient cardiology referrals prior to involving the Consultant Cardiologist, 3 referrals sessions • Available for any urgent referrals or cardiology emergencies • Arranging in-patient cardiac catheterisation list • Arranging pacemaker implantation list • Presenting Middlemore patients at the weekly cardiosurgical conference at Auckland City Hospital and arranging surgery as appropriate • Presenting at the weekly journal club and cardiology registrar teaching sessions <p><u>Clinics:</u></p> <ul style="list-style-type: none"> • Two outpatient clinics per week (4 new patients and 6 follow-up patients) • Tilt table testing (average 2 per week) • GP ECG interpretation • Outpatient echocardiography (optional 1 session per week, vs pacemaker follow up) • Pacemaker implantation 1 session per week (1/2 day) • Cardiac Electrophysiology 1 session per week (1/2 day) |

| Area | Responsibilities |
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| | <p><u>Cardiac catheterisation:</u></p> <ul style="list-style-type: none"> • One sessions (1/2 day) per week, responsibilities include - • Pre-assessment and consent of in-patients • Troubleshooting problems arising as patients transfer from Middlemore to the catheterisation laboratory • Performing cardiac catheterisation under supervision, including sheath removal/groin management • Arranging surgery and including cardiosurgical summaries of "E" priority patients for inpatient surgery • Arranging appropriate follow-up and management of in-patient catheters prior to and following transfer back to Middlemore • The Cardiology Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. • Weekend duty includes post-acute rounds and review of patients under the care of CCU and SDU. The 1600-2230 component of a long day involves admitting patients for General Medicine and holding the Urgent Medical Review pager. • When on-call on week nights the registrar will be responsible for admitting patients under the direction of the general medicine SMO in ED. Their priority will be admitting patients with cardiology problems likely to go to Ward 2 Cardiology or CCU, but will also admit some patients under general medicine where that is more appropriate. They will also be available to provide advice and support regarding cardiology problems to other RMOs. <p>Clinical skills, judgement and knowledge are expected to improve during the attachment.</p> <p>CMDHB Clinical Board policies are to be followed at all times.</p> |
| Administration | <ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • The Cardiology Registrar will complete a cardiosurgical summary on all patients on whom they have undertaken cardiac catheterisation and also as requested by the consultants. • A letter will be dictated to the patient's GP after each outpatient visit. • The results of all investigations will be sighted and signed. The responsibility for results relating to inpatients may be shared with the team House Officer. The Cardiology Registrar will refer results to the Consultant where there is uncertainty about the significance of the result. • The Cardiology Registrar is responsible for the completion of death certificates for patients who have been under their care, although this may be delegated to a House Officer. • The Cardiology Registrar will attend a weekly department meeting of medical staff and cardiology technical staff. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: |

| Area | Responsibilities |
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| | <p>1) "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>2) "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 RMO Support Unit or, if after hours the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly |

Section 2: Training and Education

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|-------------------------|-------------------------------------|-------------------------|---|------------------------------|
| a.m. | 0800 – Medical Handover | 0800 – Regional cardiology teaching | 0800 – Medical Handover | 0800 – Dept quality meeting and M and M | 0800 – Dept handover meeting |
| p.m. | | | | 12.15 – Medical Grand Round | |

Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to Southnet for days and times.

| <i>Education</i> |
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| <p>The Cardiology Registrar is expected to attend the regional training teaching session, departmental quality meeting, weekly handover meeting, and the monthly Mortality Review Meeting, when clinical duties allow.</p> <p>Through example and supervision the Cardiology Registrar will actively contribute to the education of House Officers. The Registrar will be involved in teaching of other health care workers, junior medical staff, and medical students, in particular participating in the formal Thursday midday seminars.</p> <p>Cardiology Registrars should attend some pacing follow-up clinics, as arranged with the Charge Technologist.</p> |
| <i>Research</i> |
| <p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Cardiology. Quality improvement activities, such as clinical audit, are also encouraged.</p> |

Section 3: Roster

| <i>Roster</i> |
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| <p>Hours of Work</p> <ul style="list-style-type: none"> • 1 in 5 weekends (1x 0800-2230, 1 x 0800-1600) • 1 in 5 weeknights (1630 – 2200) • Monday to Friday 0800-1700 |

Section 4: Cover

| <i>Other Resident and Specialist Cover</i> |
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| <p>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. The Cardiology Consultant is available if required 24/7.</p> |

Section 5: Performance appraisal

| <i>Registrar</i> | <i>Service</i> |
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| <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. |

Section 6: Hours and Salary Category

| <i>Average Working Hours</i> | | <i>Service Commitments</i> |
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| 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) | 12.5 | |
| All other unrostered hours | 5.0 | |
| Total hours per week | 57.5 | |

Salary: The salary for this attachment is detailed as a Category C.