

RUN DESCRIPTION

POSITION:	Geriatric Community Registrar
DEPARTMENT:	AT&R Unit for the Elderly, Adult Rehabilitation and Health of Older People (ARHOP)
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 of AT&R of Health Older People, Adult Rehabilitation & Health of Older People
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of patients in the community under the care of AT&R Unit for the Elderly, ARHOP
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>
Clinical Duties	<ol style="list-style-type: none"> 1) Geriatric Assessments in the community (Aged Related residential Care Facilities), in patients' own homes, outpatient clinics in Ambulatory Care settings and primary care settings. See workbook for specific timetable 2) To provide clinical support to Clinical Nurse Specialists in the Community Geriatric Services 3) To provide clinical support to Home Health Care Nursing/Allied Health Staff through organised case conferences under the supervision of Community Geriatrician 4) To provide clinical support to Community Based Rehabilitation Team (CBRT) under the supervision of Community Based Rehabilitation Clinical Head 5) To maintain a high standard of communication with patients, patients' whanau and staff. 6) To provide support to General practitioners through the Aged Related Residential Care Hotline services, under the supervision of the Community Geriatrician/s 7) The Community Registrar will provide support to the other Registrars in the service (inpatient assessments, Assessment of patients in emergency Care, Orthogeriatric service and outpatient clinic assessments) if needed, as directed by the clinical heads of the service. 8) CMDHB Clinical Board policies will be followed at all times

Area	Responsibilities
Administration	<ul style="list-style-type: none"> • The Registrar will dictate letters to the General Practitioners with copies to appropriate health providers according to the template already in place for the Community Geriatric Services/CBRT after completion of the assessment. The letter should be dictated within 24 hours after the assessment and the General Practitioners should receive the correspondence within 7 days after the completion of the assessment. <p>(If covering other inpatient registrars)</p> <ul style="list-style-type: none"> • The Registrar will review the Electronic Discharge Summaries (EDS) prepared by the team House Officer. The Registrar will send an amended EDS or dictate an additional letter to the GP after patient's discharge from hospital when complexity of diagnosis and management, or results of investigations available after discharge, makes this necessary. • The Registrar is responsible for the accuracy of the principal and secondary diagnoses and treatment/management and procedures performed recorded on the EDS. • 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 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 Registrar will be expected to participate in audit programmes within Internal Medicine and, in particular, will be responsible for completion of a mortality audit form for each patient dying under his/her care and presenting this to the Consultant. • The results of all investigations will be sighted and signed electronically. The responsibility for results relating to inpatients may be shared with the team House Officer. The Registrar will refer results to the Consultant where there is uncertainty about the significance of the result. • The Registrar is expected to attend the weekly AT&R Clinical Meeting, and there is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: • "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." • "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." • 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.	0815 – AT&R Handover	0815 – AT&R Handover	0815 – AT&R Handover 1200 AT&R teaching	0815 – AT&R Handover	0815 – AT&R Handover 0830 X – Ray conference
p.m.	2 pm – regional geriatrician's journal club followed by geriatrics advanced trainee teaching			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>
<p>Through example and supervision the Registrar will actively contribute to the education of House Officers, General practitioners, nursing and allied health staff. On occasion the Registrar may be requested to teach other health care workers and medical students.</p> <p>There will be an average of 3 hours of educational sessions per week which includes attending specialist Registrar training at Auckland Hospital when clinical duties allow.</p> <p>The Registrar will participate in AT&R Unit teaching sessions.</p>
<i>Research</i>
<p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Intermediary Care Services and the Clinical Head - AT&R Unit for the Elderly. Quality improvement activities, such as clinical audit, are also encouraged.</p>

Section 3: Roster

<i>Roster</i>
<p>There are Six Registrars employed in the Geriatric/AT&R service. The ordinary hours of work are 0800 - 1600 hours Monday to Friday. All six Registrars will participate in a 1:6 frequency weekend night duty roster (Friday & Saturday) for general medicine. Additional non-rostered work of up to 5 hours per week (average) may be required.</p> <p>All registrars will also share one place in a 1:4 frequency Ward 7 General Medicine weekend day roster. This is a 1 short day (8-4) and 1 long day (8-10:30) roster.</p>

Section 4: 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. A Geriatrician is available if required 24/7.

Section 5: 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.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours (Mon-Fri) 40	The Service will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days) 4.0	
All other unrostered hours 5.57	
Total hours per week 49.57	

Salary: The salary for this attachment will be as detailed in an **E** Run Category