RUN DESCRIPTION

POSITION:	Registrar

DEPARTMENT:	Anaesthesia, Level 4 OR

PLACE OF WORK:	Auckland City Hospital

RESPONSIBLE TO:	Director of Anaesthesia & OR's through the Clinical Director or a nominated Consultant.

FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers

PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of ADHB, including pre- and post-operatively.

RUN RECOGNITION:	This run is recognised by the Australian and New Zealand College of Anaesthetists as a training position for specialist qualification

RUN PERIOD:	4, 8, or 12 months

Section 1: Registrar's Responsibilities

Area	Responsibilities
General	- Pre-operative assessment of elective surgical patients. Registrars are expected to work closely with medical specialists and surgeons in the provision of assessment and investigations of new patients and follow-ups in outpatient clinics as appropriate - Provision of appropriate anaesthesia for elective and acute patients under the direct or indirect supervision of an anaesthesia consultant, the Anaesthesia Co-ordinator or Consultant anaesthetist on-call. Anaesthesia may be provided in the following locations: The operating rooms of Auckland City Hosptial or the Greenlane Surgical Unit; Endoscopy Unit, Radiology department, Coronary Care Unit, Cardiac Investigation Rooms, Emergency Department, Obstetric HDU, Labour and Delivery Unit. High dependency areas, and the two Intensive Care units (CVICU and DCCM). - Responsible for post-operative visits as deemed necessary - Undertake diagnostic and treatment procedures appropriate to the subspecialty - Maintain a high standard of communication with patients, patients' families and staff - Inform consultants of the status of patients especially if there is an unexpected event. All patients with an ASA score of 3 or above should be discussed with a consultant. - When carrying the on call pager, registrars are expected to attend medical emergency calls and Blue 100 calls on levels 3 and 4 Auckland City Hospital and all second team calls. The on call registrar also attends all "Airway Emergency" calls when possible. - Registrars are expected to assist with procedures (including emergency tracheal

Area	Responsibilities
	intubations and emergency chest reopening) and patient care in the Cardiovascular ICU when possible, including the safe transport of patients to the radiology department or the cardiac investigation room. • Attend hand-overs, team and departmental meetings as required.
Outpatients	• Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate • Communicate with referring person following patient attendance at clinics • Arrange outpatient investigations and follow up on results of special investigations ordered.
Administration	• Maintain a satisfactory standard of documentation in patient notes. All prescriptions and notes are to be signed, with a printed name and locator number/telephone number legibly recorded. An anaesthetic record which meets ANZCA standards (documented in ANZCA professional standard PS06) should be completed for every anaesthetic. • Where appropriate the certification of death and completion of the appropriate documentation • At the direction of the Clinical Director, assist with operational research & audit in order to enhance the performance of the Service • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: *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."* *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.*

Section 2: Training and Education

Nature	Details
Protected Time	*The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)* • Orientation at the beginning of the run • Part 1 candidates: one ½ day per week protected teaching (Part 1 course) • Part 2 candidates: one ½ day per week protected teaching (Part 2 course) • Senior registrars: one ½ day per week non-clinical time • Weekly didactic lectures as scheduled • Simulation based team training half days on the ICU
The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested, and in an ad hoc fashion where appropriate in the operating room or PACU.	

Section 3: Roster

ANAESTHESIA LEVEL 4 ROSTER

REGISTAR 1	REGISTAR 2	REGISTAR 3	REGISTAR 4	REGISTAR 5	REGISTAR 6	On Floor	Reg days
N	OFF	D	D	LD	D	4	
N	OFF	D	D	D	LD	4	
N	OFF	D	LD	D	D	4	
N	LD	D	D	D	D	5	
N	LD	D	D	D	D	5	
N	-	LD				1	
N	-			LD		1	
70	28	64	50	68	58		

Roster

Registrars' normal hours of work are 0800-1800. A long day occurs once or twice a week, from 0800-2200. Rarely a registrar will be required to stay after 2200 due to emergency case over-runs. Night shifts are worked in a set of 7 nights, 2200-0800. The nights and weekends are shared equally amongst the registrars participating in the roster.

Section 4: Cover

Other Resident and Specialist Cover

There is one Registrar on a long day each day and one Registrar on night duty. There is an anaesthetic coordinator SMO available on site during working hours Monday to Friday. After hours and on weekends and public holidays a 1st and 2nd SMO will both be on call off site.

The Registrar may be required to assist with a variety of duties outside of their home theatre block outside of normal working hours.

Section 5: Performance appraisal

Registrar	Service
The Registrar will:	*The service will provide,*
• 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 • after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Supervisor of Training and if necessary the Clinical Director or their nominee.	• an initial meeting between the Supervisor of Training 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 midway into the run, may be required, after discussion between the Registrar and the Supervisor of Training responsible for them • the opportunity to discuss any deficiencies identified during the attachment. The Supervisor of Training 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 • a Mentor may be assigned as required to allow another means of communication and advocacy

Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40.0	• The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters. • Should a registrar need sick leave, they are responsible for informing the anaesthesia coordinator, the RMO support unit and the departmental PA (or proxy in the case of leave). A medical certificate is required for 3 or more days of sickness leave. • Registrars may be requested to undertake short notice out of hours work to cover for a sick colleague. Such work is remunerated at locum rates.
Rostered additional hours (inc. nights, weekends & long days)	27.13	
All other unrostered hours	3.10	
Total hours per week	70.23	

Salary: The salary for this attachment is detailed to be a Category **A** which will be effective from 08/12/2014.