



# RUN DESCRIPTION

<b>POSITION:</b>	<b>Acute Medicine Registrar</b>
<b>DEPARTMENT:</b>	General Medicine
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Business Manager of General Medicine, through a nominated Consultant.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>RUN RECOGNITION:</b>	
<b>RUN PERIOD:</b>	4 or 6 months

## Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<p>Work closely with the team, provide supervision and share responsibilities where and when appropriate.</p> <p>Assist with the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant also organise relevant investigations, ensure the results are followed up, sighted and electronically signed;</p> <p>Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate;</p> <p>Maintain a high standard of communication with patients, patients' families and staff;</p> <p>Inform Consultant of the status of patients especially if there is an unexpected event;</p> <p>Attend hand-over, team and departmental meetings as required.</p> <p>Assist with teaching of other team members including students and other healthcare professionals.</p>
<b>Acute Call</b>	Review and manage all referred patients to the General Medical Service

Area	Responsibilities
	<p>Advise to and liaise with GP's and other hospital medical staff on medical matters;</p> <p>Be part of the acute resuscitation team</p> <p>Authorise patient to be transferred to and be seen by the Medical Subspecialty Service when appropriate</p>
<b>Inpatients</b>	<p>When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the clinical director;</p> <p>Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary.</p> <p>Ensure weekend plans for patient's management are documented in the notes;</p> <p>When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review;</p> <p>Complete documentation on Friday prior to known or likely weekend discharges.</p>
<b>Outpatients</b>	<p>Assess and manage patients referred to the ambulatory area or outpatient clinics and run the clinics on behalf of senior staff where appropriate</p> <p>Communicate with referring person following patient attendance at clinics;</p> <p>Arrange and perform outpatients investigations</p>
<b>Administration</b>	<p>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;</p> <p>Be responsible for certifying death and complete appropriate documentation;</p> <p>At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</p> <p>Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion;</p> <p>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</p> <ol style="list-style-type: none"> <li>1. <i>"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."</i></li> <li>2. <i>"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."</i></li> </ol> <p>If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.</p>

## Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
	<b>All Other times available for ward/admitting/rostered duties</b>				
<b>a.m.</b>	0800 – 0830 Handover  Resus team to ED Ambulatory team to APU	0800 – 0830 Handover  Resus team to ED Ambulatory team to APU	0800 – 0830 Handover  1100 – 1200 Departmental Teaching  Resus team to ED Ambulatory team to APU	0800 – 0830 Teaching Level 6 conference room  Resus team to ED Ambulatory team to APU	0800 – 0830 Handover 0830 – 0915 Dept of Medicine Training  Resus team to ED Ambulatory team to APU
<b>p.m.</b>	Resus team to ED Ambulatory team to APU	Resus team to ED Ambulatory team to APU or outpatient clinic	1300 – 1700 Medical Registrar Part 1 Teaching June – March  Resus team to ED Ambulatory team to APU	1200 – 1300 Grand round  Resus team to ED Ambulatory team to APU or outpatient clinic	1230 – 1315 Journal Club  15.30 Weekend Handover  Resus team to ED Ambulatory team to APU
<p>Additional meetings</p> <ul style="list-style-type: none"> <li>• Radiology conference (1hr) / ward teaching (1hr) and clinics (3 hrs) will vary by Medical Team</li> <li>• Monthly M&amp;M meeting – Wednesday 11-12pm</li> <li>• Where teaching is held between 0800 – 0830 the Registrar won't be required to attend handover</li> </ul>					

NB times for Grand Round and other teaching are subject to change

### Section 3: Cover

#### Other Resident and Specialist Cover

There are 20 Registrars allocated to General Medicine and 1 Night Reliever. At any one time 12 of these Registrars will be allocated duties as part of the General Medicine Roster, 4 Registrars are allocated to Acute Medicine posts and 4 will be allocated to relief duties.

Acute Medicine Registrars will not be allocated relief duties during the 6 month rotation.

The Medical Subspecialty registrars will assist the General Medical Registrars as follows:

- Participate in a medical subspecialty duty roster between the hours of 5pm and 10pm and between the hours of 10pm and 8am.
- When on duty between 5pm and 10pm on the Subspecialty roster, registrars are responsible to their own service but also support the General Medical registrar in the Admission and Planning Unit and AED
- When on night duty the subspecialty registrar will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties.

## Section 4: Roster

Two Acute Medicine Registrars will rotate between two roles in one week blocks in the Adult Emergency Department.

### **Acute resuscitation - 2 weeks – 1 week in each role**

1 Registrar will be part of the Emergency department resuscitation team.

-Carry the resuscitation pager and attend all level 2 resuscitation calls – this is a combination of status 1 and 2 ambulance calls as well as resuscitation calls from inpatient specialities in the acute admitting wards.

1 Registrar will be part of the Inpatient resuscitation team.

-Carry the resuscitation pager and attend all other resuscitation calls across Auckland City Hospital, Starship Hospital and National Women's Hospital.

These two registrars will be allocated to the Adult Emergency Department and admit and manage triage category 1 and 2 patients, review other emergency department or other specialty patients for admission/discharge.

### **Ward rounds**

They will attend the level 2 ward round on alternating days with their colour team.

### **Supervision for the role**

The Level 2 SMO of the colour team to which they belong

Two Acute Medicine Registrars will rotate between two roles in one week blocks between the Admission Planning Unit and Ambulatory services.

### **Acute ambulatory and clinic and consultation – 2 weeks – 1 week in each role**

1 registrar will in charge of the acute ambulatory care area

Seeing patients, who require urgent outpatient clinic review, return to hospital reviews or urgent hospital investigations – diagnostic or therapeutic (CT scan, paracentesis, treadmill testing).

1 registrar will be in charge of inpatient reviews for other services

- They will carry the ward review pager and see any consults for other services at Auckland City Hospital and National Women's Hospital.

These two registrars will be allocated across both areas:

Admission Planning unit

- Duties will include admission and management of triage category 3 and 4 patients, review of other specialtypatients for admission/discharge.

Level 2 Ambulatory area

- Review and management of triage category 5 patients and urgent outpatient consults.

### **Ward rounds**

They will attend the level 2 ward round on alternating days with their colour team.

### **Supervision for the role**

The Level 2 SMO of the colour team to which they belong

All General Medicine Registrars will contribute to the after hours roster. There will be one Registrar rostered on a night duty each day from 2200-0800 and will be responsible for duties both in Medical Specialities and General Medicine, these duties will be shared between the Medical Registras on duty and will involve admissions and ward duties.

There are four Registrars rostered to long days Monday to Friday and are required to be on site for the duration of their duty. Four Registrars are rostered to each weekend.

- Normal Day (W, L2, A) Monday to Friday 0800-1600 hrs
- Long Day (A22,B22,C22,D22) Monday to Friday 0800-2200 hrs
- Acute Call (A) Monday to Sunday 0800-1600 hrs
- Night Duty Sunday to Thursday 2200-0600 hrs
- Weekend Long Day (A22) Saturday and Sunday 0800-2200 hrs
- Weekend Afternoon (C20) Saturday and Sunday 1200-2000
- Weekend Short Day (B16) Saturday and Sunday 0800-1600hrs
- Weekend Late Day (D24) Saturday 1400-2400hrs
- Sunday Afternoon (D22) Sunday 1200-2200hrs

## Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <p>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</p> <p>after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</p>	<p><i>The service will provide,</i></p> <p>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.</p> <p>an interim assessment report on the Registrar two or three months into the run, after discussion between the Registrar and the Consultant responsible for them;</p> <p>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;</p> <p>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.</p>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.0	<ul style="list-style-type: none"> <li>The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.</li> </ul>
Rostered additional hours (inc. nights, weekends & long days)	14.7	
All other unrostered hours	3.39	
Total hours per week	58.09	

**Salary:** The salary for this attachment is estimated to be a Category **C**, to be confirmed by a run review.