

RUN DESCRIPTION

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| POSITION: | Rehabilitation Medicine Registrar |
| DEPARTMENT: | Rehabilitation Medicine, Community and Long Term Conditions Directorate (CLTCD) |
| PLACE OF WORK: | Auckland City Hospital, Auckland District Health Board |
| RESPONSIBLE TO: | Service Clinical Director and Manager, through a nominated Consultant/Physician. |
| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospitals and community based healthcare workers throughout the Greater Auckland area |
| PRIMARY OBJECTIVE: | To facilitate the medical & rehabilitation management of patients under the care of the Rehabilitation Service at ADHB |
| RUN RECOGNITION: | The NZ Medical Council The Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians) The Adult Medicine Division of Royal Australasian College of Physicians |
| RUN PERIOD: | 6 months |

Section 1: Registrar's Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
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| General | <ul style="list-style-type: none"> • Provide assessments and day to day medical care to clients admitted to rehabilitation (general and all age stroke rehab) in Rangitoto Ward under supervision and work with the interdisciplinary team in their rehabilitation management. On occasions, assessments and medical input to be provided to OPH outliers in Rangitoto Ward under the supervision of geriatrician. • Attend consultant ward rounds and maintain good knowledge of patient's progress against planned goals. • Seek consultant advice if unsure about patient's management plan or any medical concerns about the patient. • Participate in interdisciplinary team meeting for goal setting, monitoring of progress, discharge planning and troubleshooting of rehabilitation related issues. • Communicate on a regular basis with the interdisciplinary team, needs assessment teams and other healthcare professional involved in various aspects of client management • Communicate regularly with the client, family and carers in conjunction with the interdisciplinary team to keep them updated about progress, management and discharge plans including support in the community. • Assess clients (under consultant supervision) with acute or chronic disabilities in the acute medical and surgical services regarding their rehabilitation needs and |

| Area | Responsibilities |
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| | <p>management including eligibility/appropriateness for inpatient rehabilitation or community rehabilitation.</p> <ul style="list-style-type: none"> • Participate (under consultant supervision) in community rehabilitation interdisciplinary team meeting to assess, identify rehabilitation needs and manage rehabilitation related issues of clients in the community including those who have been discharged home from inpatient rehabilitation. • To assess, identify and manage rehabilitation needs of clients referred for medical rehabilitation clinic assessments. • Contribute to the rehabilitation and medical aspects of the multidisciplinary discharge report to General Practitioners advising upon medical needs, progress and follow-up arrangements. • Provide rehabilitation and medical information and advice to clients, their families and whanau and relevant healthcare staff on discharge to the community. Provide support and supervision to junior RMO staff on the ward. • Attend stroke and neurology interdisciplinary team meeting |
| Administration | <ul style="list-style-type: none"> • Keep adequate and legible records in accordance with the hospital requirements and good medical practice, including dictation of discharge summary as appropriate. Entries to be Clinical Record will be made whenever management changes are made. All entries should be dated, timed and signed with name, title and contact details. • The use of rehabilitation problem lists and Weekend Care Plans are encouraged. • Discharge summaries will be completed on the morning of patient's discharge day.. • AROC will be completed within 5 days of discharge. • The Registrar is responsible for referral of patient deaths to the Coroner's Office after consultation with the supervising consultant, in compliance with Company Policy and medico-legal requirements. • 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. • Results of investigations will be sighted and accepted on Concerto within 24 hours of receipt or earlier. • Registrars assigned to this run must hold a current New Zealand Drivers licence, as they may be required to attend other DHB and community facilities for the assessment of patients. Own car may be used if a board car is unavailable. |

Section 2: Training and Education

| Nature | Details |
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| <ul style="list-style-type: none"> • Protected Time | <p>The following educational activities (up to 4 hours per week) will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</p> <ul style="list-style-type: none"> • Orientation at the beginning of the run • Rehabilitation Journal Club and peer review session once a month • Weekly rehabilitation teaching sessions by Teleconference • Weekly departmental teaching session at Auckland Hospital • Informal bedside teaching with rehabilitation consultants and allied health team • Attend medical science lectures and grand rounds at Auckland Hospital • Preparation of grand round presentation (once a year) • National Rehabilitation Registrars training sessions (may spread over 1-2 days and held in various rehabilitation centres all over NZ) • Attendance at Auckland City Hospital's registrars teaching sessions (where relevant) and in-house Radiology conferences. • Attend other relevant seminars and workshops |

Section 3: Roster

| Hours of Work | | |
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| Ordinary Hours of Work | Mon to Fri | 0800-1600 |
| Please refer to attached timetable. | | |
| There are no out-of-hours or on call commitments. It is acknowledged that some trainees aspiring for dual accreditation (Rehabilitation and another Speciality) may wish to contribute to the geriatrics, general medical or other on-call rosters. In these instances, on call commitments will be negotiated with individual post-holders. | | |

Section 4: Performance appraisal

| <i>Registrar</i> | <i>Service</i> |
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| <p>The Registrar will:</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 After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; | <p>The service will provide,</p> <ul style="list-style-type: none"> An initial meeting between the Consultant and Registrar to discuss learning objectives, goals and expectations for the run, review and assessment times, and one on one teaching time. An interim assessment meeting between the Consultant responsible for the Registrar at 2 and 4 months into the run to review learning objectives In-training assessments/requirements: Rehab trainees – 2 long cases, learning needs analysis, PQR. Adult medicine trainees – 2 MiniCEX, case based discussion, PQRThe 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 for the Registrar at the end of each 6 month run requirement, a copy of which is to be sighted and signed by the Registrar and a copy sent to the AFRM/RACP. |

Section 5: Hours and Salary Category

| <i>Average Working Hours</i> | | <i>Service Commitments</i> |
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| Basic hours (Mon-Fri) | 40 | The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters. |
| Rostered additional hours (inc. nights, weekends & long days) | 0 | |
| All other unrostered hours | 2.5 | |
| Total hours per week | 42.5 | |

Salary The salary for this attachment will be as detailed in a Category **F** run category.