

RUN DESCRIPTION

POSITION:	Palliative Medicine Registrar In Patient
DEPARTMENT:	North Shore Hospice, Shea Terrace, Takapuna, Auckland
PLACE OF WORK:	North Shore Hospice
RESPONSIBLE TO:	Palliative Care Consultants (SMOs) for clinical matters. Clinical Manager of North Shore Hospice, through a nominated Consultant for administrative matters and nominated supervisor(s) for training matters.
FUNCTIONAL RELATIONSHIPS:	Staff at North Shore Hospice. Patients referred to the North Shore Hospice. Regional hospitals, hospices and community based healthcare workers
EMPLOYMENT RELATIONSHIPS:	Employed by WDHB and on secondment for the duration of the run
PRIMARY OBJECTIVE:	Involvement in the medical management of patients referred to North Shore Hospice Palliative Care Services
RUN RECOGNITION:	This run is recognised by the RACP and Australasian Chapter of Palliative Medicine as a training position for specialist qualification. To fulfil the Inpatient module requirements for advanced training for Fellowship of the Australasian Chapter of Palliative Medicine
RUN PERIOD:	This run description applies to runs of either 6 or 12 months duration

Background:

North Shore Hospice is a provider for Specialist Palliative Care Services within the Waitemata DHB patient catchment area. The hospice, located at 7 Shea Terrace, Takapuna, has a 9 bedded inpatient unit as well as a Community Palliative Care Team providing care for patients in the North Shore area. North Shore Hospice also accepts inpatient requests from 3 other palliative care services in the Waitemata DHB, namely West Auckland Hospice, Hibiscus Coast Hospice and Warkworth Wellsford Hospice.

Patients eligible for specialist palliative care include those with active, progressive advanced disease for whom the prognosis is limited and the focus of care is quality of life and who have a level of need that exceeds the palliative resources of the primary team. These patients have a breadth and depth of need over and above the "ordinary". Extraordinary needs can be patient, carer or health team centred and the support required may be intermittent or continuous depending on the level of need and the rate of disease progression. Eligibility is based on need not diagnosis, and patients with either malignant or non-malignant diseases qualify for palliative care.

North Shore Hospice is a provider of comprehensive palliative care services by a range of healthcare professionals (including doctors, nurses, counsellors) both on an in-patient and out-patient basis within a defined geographical area. It provides both generalist (in partnership with General Practice and district nursing in community settings) and specialist palliative care (both advisory and clinically through clinics and the in-patient unit at the hospice, and in community care facilities like Private Hospitals) to patients within the defined palliative care population.

Team members interface closely with other members of the multidisciplinary team in order to ensure that patients receive multi-dimensional care appropriate to their current needs. These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

The hospice service has close links with regional hospitals (North Shore Hospital, Waitakere Hospital and Auckland City Hospital) as well as with other community services (hospices, cancer society, district nursing services, private hospitals) providing palliative care. Liaison with these services and the patient's general practitioner (GP) are routine.

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Understand the philosophy and objectives of Palliative Care and the Palliative Care Service and set goals for practice within this framework • Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to that patient. This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples. • Work closely with members of the multidisciplinary team in provision of assessments for in-patients, at North Shore Hospice • Develop, and implement management plans for in patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team • Undertake diagnostic and treatment procedures appropriate Monitor and review management plans in accordance with changes in the clinical condition of patients • Maintain a high standard of communication with patients, patients' families and whānau • Maintain a high standard of communication with hospice, hospital and community health professionals and other staff. • Participate in review of patients under the care of North Shore Hospice in conjunction with the multidisciplinary team • Inform North Shore Hospice SMOs of the status of patients especially if there is an unexpected event • Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.
Inpatients	<ul style="list-style-type: none"> • Provide initial and follow-up assessments and initial and updated management plans for in-patients at hospice. • Participate in Multidisciplinary team reviews of the patient's care plan. • Participate in Family meetings as the medical member of the multidisciplinary team. • Discuss new assessments, management plans and clinical problems with Palliative

Area	Responsibilities
	Care Consultant (SMO) responsible for clinical work that day <ul style="list-style-type: none"> • Respect the role Primary Care teams who usually manage the patient and ensure recommendations are communicated to the relevant team. • Document assessment summaries and management plans in patients' computerised clinical notes • Ensure palliative care records, including discharge summary, are forwarded to community palliative care providers, patient's GP and other relevant healthcare professionals (e.g. Oncologists) on discharge of patient from the inpatient unit.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name legibly recorded

Section 2: Weekly Schedule

The registrar's ordinary hours of work will be Monday to Friday 0800–1700. There is consultant presence during these hours.

In addition, the registrar will participate in a 1:4 after hours first call roster. This will normally involve one night per week on call off site (1700 – 0800) and one weekend in four on call off site (1700 Friday to 0800 Monday). When rostered on call during the weekend, there is a requirement for attendance in the hospice for a ward round on Saturday and Sunday mornings (0800-1100) and availability by telephone for occasional call back outside these hours.

The scheduled activities are shown below. In addition to activities shown in the weekly schedules (timetabling of which may be subject to change) the registrar will be allocated to clinical activities, non clinical activities and four hours per week of protected training time. Timetabling of SMO rounds, clinical activities, non clinical activities and protected training time may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0845 MDT Clinical activities	0845 MDT Clinical activities 1230-1330 Grand Round North Shore Hospital	0845 MDT Clinical activities	0845 MDT Clinical activities	0845 MDT Clinical activities
p.m.	Clinical activities	Clinical activities	1pm-2pm Journal club/Peer review 2-5pm Training time	Clinical activities	Clinical activities

Clinical activities may include, ward rounds, ward work, reading and responding to patient referral letters, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, research and study

related to the treatment of a specific patient, telephone and other ad hoc consultations, , discussions and meetings with care givers and patients' families, preparation of clinical reports.

Non - clinical activities may include teaching - (including preparation time), educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources, and preparation of clinical resources.

Section 3: Cover

There is one registrar on this run and there is a consultant available on 2nd call during the on call duty hours.

Section 4: Training and Education

<i>Nature</i>	<i>Details</i>
<i>Protected Training Time</i>	<ul style="list-style-type: none"> Protected training time of 4 hours per week will be allocated for CPE, professional self development, medical learning and to attend teaching sessions with training supervisor. This will include time for attendance at journal club
<i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested</i>	

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 supervising consultant or designated consultant if supervising consultant is not available to discuss goals and expectations for the run, review and assessment times, After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their supervising consultant or designated consultant if supervising consultant is not available 	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"> A suitable work and training environment that will foster excellence in patient care and support high quality education. An initial meeting between the supervising consultant (or designated consultant if supervising consultant is not available) and registrar will be arranged to discuss goals and expectations for the run, review and assessment times. An interim assessment report will be provided midway through the run after discussion between the registrar and the supervising consultant (or designated consultant if supervising consultant is not available). A final assessment report will be provided at the end of the run, a copy of which is to be sighted and signed by the registrar. The opportunity to discuss any deficiencies identified during the attachment will be available at any time. The supervising consultant (or designated consultant if supervising consultant is not available) in conjunction with the registrar will discuss and implement a plan of action to correct identified deficiencies.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	5	
All other unrostered hours	0.69	
Total hours per week	45.69	

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