

RUN DESCRIPTION

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| POSITION: | Cardiology Registrar (CCU) |
| DEPARTMENT: | Cardiology Department, Medical Services |
| 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. |
| FUNCTIONAL RELATIONSHIPS: | Health care consumers Hospital and community based health care workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of Department of Cardiology |
| 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> |
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| Clinical Duties | <ul style="list-style-type: none"> The Registrar is responsible for the day to day medical care of patients in the Coronary Care Unit (CCU) and Step Down Unit (SDU). The Registrar will supervise the work of a House Officer, with whom they will organise the investigation and management of inpatients under the care of the department, requesting assistance from the Consultant on call when required. The Registrar is expected to ensure their patients are safely and efficiently handed over and to liaise with the other health professionals in the unit to ensure the required level of coordinated care to the patients is achieved and maintained. The Registrar will undertake a daily morning and evening round of all patients in CCU and SDU and an additional daily round of the CCU/SDU with the supervising Cardiologist. The Registrar will be available to attend Consultant ward rounds and will have a current knowledge of the progress of inpatients under their care. The Registrar will maintain a satisfactory standard of documentation in the files of patients in CCU/SDU. The Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. The Registrar will attend rostered outpatient clinics, one session per week, and endeavour to see outpatients at their scheduled appointment times. Outpatients for pre-assessment in the department or who are to be discharged will be discussed with the Consultant Cardiologist. |

| Area | Responsibilities |
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| | <ul style="list-style-type: none"> • The Registrar will undertake regular exercise tolerance tests on Cardiology outpatients (2 sessions per week) and inpatients and also be available for consultation and advice to other registrars. The CCU registrar is also rostered to one inpatient referrals session, and should see referral patients prior to discussion with a Cardiologist. • The Registrar will answer calls from GPs and will make appropriate decisions regarding the disposition of these patients. • The Registrar will undertake investigation or treatment of patients in the CCU/SDU where appropriate and request assistance from the Cardiologist on call when required. • The Registrar will undertake GP ECG reporting and liaise with the GP regarding important abnormalities by telephone if necessary and discuss interpretations of ECGs with the Cardiologist if required. • The Registrar will be responsible for outpatient Cardioversions under the supervision of the Cath/EP Registrar and in liaison with the Cardioversion Co-ordinator. • When on-call on week nights the registrar will be responsible for admitting patients under the direction of the general medicine SMO in ED. Their priority will be admitting patients with cardiology problems likely to go to Ward 2 Cardiology or CCU, but will also admit some patients under general medicine where that is more appropriate. They will also be available to provide advice and support regarding cardiology problems to other RMOs. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times. |
| Administration | <ul style="list-style-type: none"> • Legible notes are to be written in patient charts and a daily problem list and management plan will be compiled for each patient. The opinion of the Cardiologist will be recorded. All documentation should comply with CMDHB Clinical Board documentation policy. • A comprehensive CCU/SDU discharge summary, with the principal and secondary diagnoses and recommendations for further management, will be compiled at the time of discharge from CCU/SDU. • 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. • The Registrar will complete a cardiosurgical summary and fill in CTSU data sheets as requested by the consultants. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • 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 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 results of all investigations will be sighted and signed electronically. The |

| Area | Responsibilities |
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| | <p>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.</p> <ul style="list-style-type: none"> The Registrar will attend a weekly department meeting of medical staff and cardiology technical staff. A letter will be written to the patient's GP after each outpatient visit. The Registrar is expected to attend the weekly Medical Division Clinical Meeting. 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: <ol style="list-style-type: none"> 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." 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 Clinical Portal 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 |
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| a.m. | 0800 – Medical Handover | 0800 – Regional cardiology teaching | 0800 – Medical Handover | 0800 – Dept quality meeting and M and M | 0800 – Dept handover meeting |
| p.m. | | | | 12.15 – Medical Grand Round | |
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Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to Paanui for days and times.

| <i>Education</i> |
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| <p>The Cardiology Registrar is expected to attend the weekly regional training teaching session, departmental quality meeting, weekly handover meeting, and the monthly Mortality Review Meeting, when clinical duties allow.</p> <p>Through example and supervision the Cardiology Registrar will actively contribute to the education of House Officers. The Registrar will be involved in teaching of other health care workers, junior medical staff, and medical students, in particular participating in the formal Thursday midday seminars.</p> <p>To be involved in the echocardiography programme. Weekly reviewing and teaching session.</p> |
| <i>Research</i> |
| <p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head, Cardiology. Quality improvement activities, such as clinical audit, are also encouraged.</p> |

Section 3: Roster

| <i>Roster</i> |
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| <p>Hours of Work</p> <ul style="list-style-type: none"> • 1 in 5 weekends (1x 0800-2230, 1 x 0800-1600) • 1 in 5 weeknights (1630 – 2200) • Monday to Friday 0800-1700 |

Section 4: Cover

| <i>Other Resident and Specialist Cover</i> |
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| <p>From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care.</p> <p>The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.</p> <p>The Cardiology Consultant is available if required 24/7.</p> |

Section 5: Performance appraisal

| <i>Registrar</i> | <i>Service</i> |
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| <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> |
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| Basic hours (Mon-Fri) | 40.0 | The Service will be responsible for the preparation of any Rosters. |
| Rostered additional hours (inc. nights, weekends & long days) | 12.50 | |
| All other unrostered hours | 10.07 | |
| Total hours per week | 62.57 | |

Salary: The salary for this attachment will be detailed as a Category B.