



RUN DESCRIPTION

POSITION:	Research Fellow – Cardiology
DEPARTMENT:	Division of Medicine (Cardiology)
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 – Cardiology
FUNCTIONAL RELATIONSHIPS:	Health Care Consumers Hospital and community-based health care workers Research subjects
PRIMARY OBJECTIVE:	To undertake research and facilitate the management of patients under the care of the Division of Medicine (Sub- specialty Cardiology).
RUN RECOGNITION:	This run is eligible for recognition as part of an appropriate training program for specialist qualification.
RUN PERIOD:	6 months

Section 1: Fellow's Responsibilities

Area	Responsibilities
Clinical Duties	<ul style="list-style-type: none"> • Participate in one combined new and follow-up Cardiology outpatient clinic/week. • Assist with other relevant clinical tasks as required, in particular review of ward referrals (1 referral session per week) and acute outpatient assessments. • The Registrar will maintain a high standard of communication with patients, patients' families and staff. • Attend regular department meetings (eg. Journal club, teaching sessions, multidisciplinary and research meetings) • The Research Fellow is expected to contribute to cover the two senior Cardiology registrars for no more than 6 weeks in 6 months when they are on leave or unwell. • Direct clinical contact time (non research clinics, procedure lists) to be no greater than 2 half day sessions per week on average. • Weekend duty includes post-acute rounds and review of patients under the care of CCU and SDU. The 1600-2230 component of a long day involves admitting patients for General Medicine and holding the Urgent Medical Review pager. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.

Area	Responsibilities
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • A letter will be dictated to the patient's GP after each outpatient visit. • The results of all investigations will be sighted and signed electronically. The 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. • The Research Fellow is expected to attend the weekly Medical Division Clinical Meeting and to present at that meeting as requested. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> • “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.” • “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
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	

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>
The Cardiology Fellow 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. Through example and supervision the Cardiology Fellow will actively contribute to the education of House Officers. The Fellow 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.
<i>Research</i>
To undertake research projects (academic and pharmaceutical) in consultation with the Clinical Head – Cardiology.
<i>Teaching</i>
To assist in teaching House Officers, Registrars, fifth year medical students, and other health workers as requested.

Section 3: Roster

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

Section 5: Performance appraisal

<i>Fellow</i>	<i>Service</i>
<p>The Fellow 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; • Ensure a mid run assessment is completed after discussion between the Fellow 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>The service will provide;</p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and Fellow to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • An interim assessment report on the Fellow six (6) weeks into the run, after discussion between the Fellow and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Fellow will bring these to the Fellow's attention, and discuss and implement a plan of action to correct them; • A final assessment report on the Fellow at the end of the run, a copy of which is to be sighted and signed by the Fellow.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
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)	12.5	
All other unrostered hours	5.0	
Total hours per week	57.5	

Salary: The salary for this attachment is detailed as a Category C.