RUN DESCRIPTION

POSITION:	Spinal Rehabilitation Registrar
DEPARTMENT:	Auckland Spinal Rehabilitation Unit (ASRU), ARHOP
PLACE OF WORK:	Auckland Spinal Rehabilitation Unit, 30 Bairds Road, Otara, Auckland Mileage will be reimbursed at 9km return for each trip between the Spinal Unit and Middlemore.
RESPONSIBLE TO:	Service Managers and Clinical Director through the supervising Consultant and 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 the Spinal Rehabilitation Services
RUN RECOGNITION:	This run is recognised by the AFRM (Australasian Faculty of Rehabilitation Medicine) as a training position for specialist qualification in Rehabilitation Medicine.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

Area	*Responsibilities*
Clinical Duties	• The Registrar will ensure that all inpatients are reviewed and discussed with the Consultant, the interdisciplinary team, including nursing staff, and seen throughout the week as required .This may be delegated at appropriate times to the House officer. • 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 is expected to perform an independent weekly ward round along with the house officer at the Spinal Unit and report back to the Consultant for advice. • The Registrar will answer calls from GP's, consultants and patients in the community and arrange to assess patients if necessary. This may include seeing referrals at other hospitals in the Auckland region. • Referrals for Spinal Rehabilitation are to be seen by the rehab registrar with the Consultant in a timely manner with full documentation of the visit and review with the consultant regarding concerns, appropriateness and timing of rehab admission. Some referrals may be sent by outside hospitals within the Auckland region. Teleconference discussions may occasionally replace direct contact

Area	*Responsibilities*
	patient visits. • Admissions are generally done by the house officer, but the registrar is expected to complete ASIA assessment including rectal examination if required and review of medications and do full admissions if needed due to case load or other factors. • The Medical portion of the Electronic Discharge Summary is to be completed by the house officer with assistance by the Registrar. • The Registrar will attend rostered outpatient clinics at ASRU under supervision and will endeavour to see outpatients at their scheduled appointment times. The outpatient responsibilities at the spinal unit will include active participation in interdisciplinary team reassessment clinics. Outpatients not previously seen in the Department will be discussed with the Consultant. • The Registrar is encouraged to attend an outreach reassessment (follow-up) Clinic for Spinal Unit patients held for 2 days each month at various centres in the upper North Island along with the interdisciplinary team and a supervising consultant. • Clinical skills, judgement, knowledge and a holistic patient-centred, patient goal centred approach to rehabilitation are expected to improve during the attachment. • The Registrar is expected to attend weekly interdisciplinary team (IDT) case conferences, run family/ goal setting meetings and other team meetings as required. • Minor surgical procedures as well as injection techniques may be performed under consultant supervision as indicated.
Administration	• The Registrar and house officer are responsible for timely completion of the electronic discharge summary on discharge or death of each patient, recording principal and secondary diagnoses and treatment and procedures performed. • The Registrar is also responsible for the completion of death certificates for patients who have been under their care. • The registrar is responsible for completing NZ spinal registry for all the discharges in consultation with the consultant. • The Registrar will be expected to participate in audit programmes within the rehabilitation services 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. • A letter will be written to the patient's GP after each outpatient visit. The results of all investigations will be sighted and signed, and if necessary acted on before they are filed in the patient's chart. • Every new admission to the Spinal Rehabilitation Services will have the resuscitation status clearly documented and signed by the registrar on the appropriate forms after discussion with the patient in accordance with clinical board policy. When unsure the case will be discussed with the supervising consultant. • Registrars will obtain informed consent for procedures within the framework of the Medical Council guidelines which state: 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

Area	*Responsibilities*
	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. • As an RMO working at CMDHB you will be provided with a Concerto 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.	*08:00 – 09:00 Medical Handover 9:00-12:00 Consultant ward rounds	08:00 – 09:00 Medical Handover Ward reviews, Goal setting meetings (GSM), admissions, Discharges (DCs)	08:00 – 08:15 Medical Handover 8.15 – 8.30: Referral meeting (inpatient) 9.00 – 10.00 Outpatient triage. 10.00 – 12 ASRU IDT meeting	*08:00 – 09:00 Medical Handover 10 – 11.30: Outpatient clinic for Registrar	08:00 – 09:00 Medical Handover 09:00 – 12:00 Ward Round by Reg and HO (Occasional Admissions & Discharges), Goal Setting mtgs
p.m.	13:00 – 14:30+ Consultant ward rounds Admissions, Discharges, Goal Setting mtgs	13:30 – 16:30 Admissions & Discharges, Goal Setting mtgs	Pt Education / Spinal 101 (provided by registrar 2-3x per run) Admissions, Discharges, Goal Setting mtgs	*12.15 – 13:30 Medical Grand Rounds* MMH *14:00 – 16:30 Registrar Self-Directed learning* Admissions, Discharges, Goal Setting mtgs	13:30 – 15:00 Ward Round by Reg and HO Alternate week spasticity clinic expected to attend with Consultant. Weekend sign out *15:00 – 17:00 Rehab Registrar weekly teaching; via teleconference or on site at MMH, ASRU, Rehab Plus or Cavit ABI *
		*17:30- 19:00 Monthly Rehab Journal Club, 1st Tuesday of the month	*17:00 – 19:00 monthly binational teleconference AFRM		

Note: dates and times for the sessions above may change. Not specifically scheduled are family conferences or goal setting meetings (3-4 per week at 1h each meeting), and referrals (3-6 per week at 1-11/2 h each referral, travel time not included. Patients seen at MMH, ACH, NSH, occasionally other outside hospitals).

Admissions are generally done by the house officer, but the registrar is expected to review admissions and do admissions if needed. Both Admissions and Discharges are within the scope of the registrar's shared duties and are not formally scheduled. (1-4 admissions per week at 1 ½ - 2h each and 1-4 discharges per week at 1/2 – 1h each. Entry of patient information (background, primary and secondary diagnoses) into the

electronic discharge summary (EDS) is expected upon completion of the admission document to ensure basic patient information is recorded if the patient requires transfer back to the acute setting.

Registrar self-directed learning of 2-3 hours per week to be determined/scheduled according to other learning sessions scheduled that week.

"*" indicates structured teaching sessions.
AFRM = Australasian Faculty of Rehabilitation Medicine

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

Education
On occasion, the Registrar may be requested to teach nursing staff, allied health and medical students. There will be a minimum of 4 hours of informal and formal educational sessions per week which includes specialist AFRM Registrar training at a number of sites, the weekly Orthopaedic Clinical Meeting, and weekly radiology meeting (when clinical duties allow), weekly Medical Grand Rounds at Middlemore Hospital, and , other relevant meetings within the Auckland region as well as self-directed learning. Monthly binational AFRM teaching is via video or teleconference. The Registrar is expected to actively participate in in-service and patient education programmes at the Spinal Rehabilitation Unit. If these are held after hours due reimbursement will be given on par with the RMO's collective contract. The registrar will be encouraged and supported to attend formal training sessions of the AFRM held in New Zealand whenever possible. This may extend to attendance at national conferences and, formal training sessions of the AFRM and other training sessions held in Australia with relevance to the field of Rehabilitation Medicine as part of their training requirement.
Research
A research project or document audit may be undertaken during the attachment subject to approval by the Clinical Head of Rehabilitation.

Section 3: Roster

Roster
The normal hours of work are from 0800 to 1630, Monday to Friday. In addition, the Registrar will participate in, and be remunerated for, after hours and weekend on-call at the Spinal Unit rostered on a 1:3 to 1:4 frequency dependent upon staffing, (Mon – Fri 1630 – 0800 (next day), Sat / Sun /public holidays -24 hr On-call cover). This is not an on-site call but may require coming into the unit to review patients in need. Attending a patient when on call, mileage and phone consultations are reimbursed. A supervising consultant is always available as 2nd on call.

Section 4: Cover

Other Resident and Specialist Cover
There is no out of service cover for absence from work for sick leave, planned annual leave, conference leave or study leave. Leave cover is arranged on a "first come first served" basis and applications for leave should be submitted as early as possible to provide the consultant and the service reasonable notice to ensure internal coverage will be available. Cover for annual, conference or study leave will be negotiated prior to leave being approved. Sick absence and all leave is covered within the Department. MECA provisions about employee consent to cross cover apply.

Section 5: Performance appraisal

Registrar	*Service*
The Registrar will; • 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. • All trainee registrar, need to complete two long cases during the term, discuss with the consultant.	*The service will provide;* • 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

Average Working Hours		*Service Commitments*
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	0	
All other unrostered hours	3.09	
Total hours per week	43.09	

Salary The salary for this attachment will be as detailed in a F Run Category plus additional On Call arrangements and Call-back as required.