

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Medical Assessment Unit (MAU) General Medicine, 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 medical assessment and admission of patients within the Medical Services.
RUN RECOGNITION:	This run is eligible for recognition as part of an appropriate training program for specialist qualification.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> The Registrar will see patients who have been referred to the medical services (by external or internal sources) who require medical assessment with a view to possible admission. When the patient is deemed to require admission, the Registrar will complete the documentation relating to admission and discharge, and arrange appropriate investigations and initial treatment. The Registrar will liaise with the medical team under whom the patient is being admitted. The Registrar is also responsible for the ongoing treatment and discharge of medical patients remaining in Emergency Care. The Registrar will be expected to become familiar with alternative options to admission, including the use of POAC. 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 supervise the work of the AAU House Officer, with whom they will organise the above duties. The Registrar will also assist the on-call medical Registrar covering Resus, particularly when there are two or more patients in the resuscitation unit, and hand over patients admitted to the on-call medical registrar at the end of each period of duty. The Registrar will undertake one General Medicine outpatient clinic per week under the supervision of the General Physician. 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

<i>Area</i>	<i>Responsibilities</i>
	<p>team members regarding discharge planning and progress of patients.</p> <ul style="list-style-type: none"> • When on weekend duty, the Registrar will continue in the admitting role. • The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. • 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 will be written in patient charts on assessment / admission, and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and nursing instructions) will be accurately and legibly recorded and legibly signed. • The Registrar may 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. • For patients assessed and discharged home from Emergency Care, the Registrar must complete a comprehensive Electronic Discharge Summary, a prescription, and follow up appointment if required. Where early GP follow up is anticipated or the case is complicated the Registrar should ensure the GP is updated by telephone. • Appropriate laboratory tests will be requested and results sighted and electronically accepted. The Registrar will refer results to the Consultant where there is uncertainty about the significance of the result. • The Registrar will attend the weekly meeting of the medical team responsible for overseeing Medical Acute Care and 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: <ul 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 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.	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover 1145 – General Medicine Journal Club	0800 – Medical Handover
p.m.	1215 – SACS Lecture Series (every 4th week)		1300 – Medical Teaching @ ADHB	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 Southnet for days and times.

<i>Education</i>
<p>Through example and supervision the Registrar will actively contribute to the education of House Officers. On occasion, the Registrar may be requested to teach other health care workers and medical students.</p> <p>There will be a minimum of 4 hours of educational sessions per week which includes specialist Registrar training at Auckland Hospital when clinical duties allow and the weekly Medical Division Clinical Meeting.</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 - Acute Admitting. Quality improvement activities, such as clinical audit, are also encouraged.</p>

Section 3: Roster

<i>Roster</i>			
Hours of Work			
Key	Hours	Length	Activity
	0800-1600	8 hrs	
E	1600-2400	8 hrs	1600-2400 onsite, 2400-0400 on call offsite
SD	0800-1600	8 hrs	General Medicine Weekend
LD	0800-2230	14.5hrs	General Medicine Weekend
Z	Off Duty		
X	Off Duty		
PH	Off Duty		Public Holiday
<ul style="list-style-type: none"> • 1 in 5 Mon-Wed evening on call shifts 1600 – 2400 on site, 2400 – 0400 call back • 1 in 5 Thurs-Sun evening on call shifts 1600 – 2400 on site, 2400 – 0400 call back • 1 in 5 General Medicine weekends (Saturday and Sunday , 1x 0800–1600 and 1x 0800-2230)) • Monday to Friday 0800-1600 <p>When a Registrar is rostered to an evening shift (E), they are expected to be on site from 1600-2400 then on call off site from 2400-0400.</p>			

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>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. There is a SMO is on site from 0800-1600 on Saturdays.</p>

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 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

<i>Registrar</i>	<i>Service</i>
	plan of action to correct them; <ul style="list-style-type: none"> • 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>
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)	13.9	
All other unrostered hours	TBC	
Total hours per week	53.9	

Salary: The salary for this attachment is calculated to be a Category C run

The On call-call back hours detailed in the Roster section of the Run Description will need to be claimed for and will be paid in addition to the salary.