

RUN DESCRIPTION

| POSITION: | Registrar |
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| DEPARTMENT: | Neurology |
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| PLACE OF WORK: | Auckland Hospital |
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| RESPONSIBLE TO: | Clinical Director and Business Manager of Neurology, through a nominated Consultant. |
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| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospital and community based healthcare workers |
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| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the Neurology service, |
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| RUN RECOGNITION: | This run is recognised by the Royal Australasian College of Physicians as a training position for specialist qualification |
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| PLIN PERIOD: | 6 months |

Section 1: Registrar's Responsibilities

| Area | Responsibilities | |
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| General | Work closely with the team's House Officer, to provide supervision and share responsibilities where and when appropriate. | |
| | Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed; | |
| | Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where appropriate; | |
| | Work closely with consultants in provision of assessment and investigations of new patients and follow-ups in outpatient clinics | |
| | Undertake diagnostic and treatment procedures appropriate to the subspecialty | |

| Area | Responsibilities |
|-------------|---|
| | Maintain a high standard of communication with patients, patients' families and staff; |
| | Inform consultants of the status of patients especially if there is an unexpected event; |
| | Attend hand-over, team and departmental meetings as required. |
| | Undertake teaching sessions with medical students, house officers and other Registrars at the direction of the Service. |
| Admitting | Assess and admit Neurology and stroke patients referred by ED or from the community |
| On-Call | Provide advice to and liaise with GP's and other hospital medical staff on Neurology matters; |
| | Authorise patients to be transferred to and be seen by Neurology service when appropriate |
| Inpatients | When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the Neurology service is responsible on a daily basis or on a frequency agreed with the consultant in charge of the patient. |
| | Ensure x-rays are organised for weekly team radiology sessions; |
| | Ensure relevant documents, e.g. discharge summary, medication card and follow-up appointments are given to patient on discharge as necessary. |
| | Ensure weekend plans for patient's management are documented in the notes; |
| | When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review; |
| | Complete documentation on Friday prior to known or likely weekend discharges. |
| Outpatients | Assess and manage patients referred to outpatient clinics and run the clinics under supervision of senior staff where appropriate |
| | Arrange and perform outpatient investigations |
| | Communicate with referring person following patient attendance at clinics |
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| Area | Responsibilities | |
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| Administration | Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; | |
| | Be responsible for certifying death and complete appropriate documentation; | |
| | At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; | |
| | Dictate letters to General Practitioners following outpatient visits in a timely fashion; | |
| | 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." | |
| | "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. | |

Section 2: Weekly Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|-----------------|-----------------|--------------------------|-------------------------|---|
| a.m. | Clinical duties | Clinical duties | Tutorial Clinical duties | Clinical review session | Neurophysiolo gy tutorial Clinical duties |
| p.m. | Clinical duties | Clinical duties | Clinical duties | Clinical duties | Clinical duties |

Section 3: Training and Education

| Nature | Details | |
|----------------|---|--|
| Protected Time | The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster) | |
| | Orientation at the beginning of the run | |
| | Wednesday morning tutorial, Thursday morning clinical review session, Friday morning tutorial | |
| | Timing of educational sessions is subject to change | |

The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested. The Registrar is also expected to complete a research project during the run.

Section 4: Roster:

Other Resident and Specialist Cover

There are 6 Registrars contributing to the Neurology roster Monday to Wednesday. Consultants will be available on call to attend the workplace if necessary.

The on call responsibilities will be 1:6.

When rostered on a long day Monday to Friday, the Registrar will be on duty from 0800-2230. On Saturday and Sunday the Registrar will be on duty from 0800-2230.

When rostered on a long day, the Registrar will be responsible in the after hours cover of the Neurology and Rehab patients located on Ward 51.

Registrars also participate for the 6 months of their run in a medical Subspecialty night duty roster. The registrars will be required to work 2 sets of nights, Monday to Thursday and Friday to Sunday, 2200-0800, during the 6 months of the run.

When on night duty the registrar will be responsible for duties both in the Medical Specialities and General Medicine, these duties will be shared between the Medical Registrars on duty and will involve admissions and ward duties.

Section 5: Performance Appraisal

| 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 After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 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 three (3) months 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 |
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| the end of the run, a copy of which is to be sighted and signed by the Registrar. |

Section 6: Hours and Salary

| Average Working Hours | | Service Commitments |
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| Ordinary Hours | 40 | The Service, together with the RMO Support will be responsible for the preparation of any |
| Rostered Additional (inc. nights, weekends & long days) | 12.19 | Rosters. |
| All other unrostered hours | TBC | |
| To be confirmed by a run review | | |
| Total Hours | 52.19 | |

Salary: The salary for this attachment will be detailed as a **Category D** run. Total hours fall below the middle of the salary band therefore run will be remunerated as a D Category until the unrostered hours can be confirmed by a run review.