

RUN DESCRIPTION

| DOOLTION | |
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| POSITION: | Registrar |
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| DEPARTMENT: | Hepatology / Liver |
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| PLACE OF WORK: | Auckland City Hospital |
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| | |
| RESPONSIBLE TO: | Prof Ed Gane, Chief Hepatologist and Deputy Clinical Director |
| | 2. Business Manager of Medical Subspecialty |
| | |
| FUNCTIONAL | Healthcare consumer, Hospital and community based healthcare workers |
| RELATIONSHIPS: | |
| | |
| PRIMARY OBJECTIVE: | To facilitate the management of inpatients and outpatients under the care of the |
| | Hepatology Service |
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| RUN RECOGNITION: | This run is recognised by the RACP as a training position for specialist qualification in |
| | Internal Medicine or Gastroenterology |
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| RUN PERIOD: | 6 months |
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Section 1: Registrar's Responsibilities

| Area | Responsibilities |
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| General | 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 electronically 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 medical specialists in provision of assessment and investigations of new patients and follow-ups in outpatient clinics |
| | Become proficient in and undertake diagnostic and treatment procedures appropriate to the subspecialty, including paracentesis and percutaneous liver biopsy. |
| | 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. |
| Admitting | Assess and admit patients with acute or chronic liver problems referred by ED or ADHB Hepatology Registrar Run Description – Effective 2 August 2021 |

| Area | Responsibilities |
|----------------|---|
| | from the community and other medical and Hepatology patients when required by the attached roster |
| On-Call | When On Call, be available on long-range locator to attend the hospital within 1 hour. |
| | Advise to and liaise with GP's and other hospital medical staff on Hepatology matters; |
| | Authorise patient to be transferred to and be seen by to the Hepatology 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 team is responsible on a frequency agreed with the Chief Hepatologist (Ed Gane) |
| | Supervises the NZLTU Physician Assistant plus any Trainee Interns and 5th Yr Medical Students and Elective Students on the Liver Unit |
| | Rounds on Hepatology patients admitted to DCCM to ensure excellent communication between intensivists and NZLTU |
| | Ensure x-rays are organised for weekly team radiology session and to present cases at bothe the Monday HCC MDM and the Friday Transplant MDM; |
| | • 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. |
| | Perform diagnostic and therapeutic paracenteses and liver biopsy procedures |
| Outpatients | Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate |
| | Communicate with referring person following patient attendance at clinics; |
| | • Arrange and perform outpatients investigations. Assist with clinical research trials within the unit, as sub-investigators. Delegated tasks will include screening subjects and assessing patients at scheduled and unscheduled study visits. |
| 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 discharge summaries on patients that are discharged by their team and 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: |
| | "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 |

| Area | Responsibilities | | |
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| | 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

Registrar A (inpatients – alternates 3 monthly with Registrar B)

- Ward
- References
- GP call
- 1 F/U clinic
- 1 scope list

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|--------------|---------------|--------------|------------|-----------------|
| a.m. | 8 am: Ward | 8-30 am: Ward | 8am: Ward | 8am: Ward | 8am: ID Round |
| | Round | Round | Round | Round | 8-30am: Journal |
| | | | | | Club |
| | | | | | 9-30am: Ward |
| | | | | | Round |
| | | | | | 10-15am: |
| | | | | | Transplant MDM |
| p.m. | | 1.15pm F/U | | Endoscopy | |
| | | Clinic ACH | | ACH | |
| | | | | | |
| | | | 4-30pm: Ward | | |
| | 4-30pm: Ward | | Round | | 3-30pm: Ward |
| | Round | 4-30pm: Ward | | | Round |
| | | Round | | 4-30pm: | |
| | | | | Ward Round | |

Registrar B (Outpatients – alternates 3 monthly with Registrar A)

- 6 Clinics
- 1 Scope List

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|------------------------|---|--------------------------------|--|---|
| a.m. | 9 am: NP Clinic ACH | 7-30 am: HCC MDM 9 am: NP Clinic ACH | 9am: Transplant Clinic GLCC | 9 am : prepare for Friday Transplant MDM | 8am: ID Round 8-30am: Journal Club 9-30am: Ward Round 10-15am: Transplant MDM |
| p.m. | Endoscopy GLCC | 1.15pm F/U Clinic ACH | Hepatitis Clinic GLCC | | 1pm HCC Clinic ACH |

Section 3: Training and Education

| Details | | |
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| 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 | | |
| Gastro Journal club Tuesday 1715 | | |
| Liver Journal club Friday 8-30 | | |
| Grand Round Thursday midday Timing of educational sessions is subject to change | | |
| | | |

requested

Section 4: Cover:

| Other Resident and Specialist Cover |
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| Registrars are required to be on duty between 0800 to 1700 Monday to Friday inclusive. They are also required to participate in a 5 person call roster that will require each registrar to do call one weekend in 5 and for 1 or 2 evenings to 11pm each week in the Gastroenterology and Hepatology services. |
| Registrars also participate for the 6 months of their run in a medical Subspecialty 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

| Registrar | Service |
|--|---|
| The Registrar will: | The service will provide, |
| 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 | 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. |
| time after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; | 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 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) | 40.00 | The Service, together with the RMO Support Unit will be responsible for the preparation of | |
| Rostered additional hours (inc. nights, weekends & long days) | 5.68 | any Rosters. | |
| All other unrostered hours To be confirmed by a run review | TBC | | |
| Total hours per week | 45.68 | | |

Salary The salary for this attachment will be as detailed as a Category D Run Category.

Unrostered hours are expected to be above 8hrs therefore the run will be remunerated as a D run category until the unrostered hours can be confirmed by a run review.