

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Orthogeriatrics Unit for the Elderly, Intermediary Care
PLACE OF WORK:	Middlemore Hospital
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 safe and effective management of inpatients under the care of AT&R Unit for the Elderly, ARHOP.
RUN RECOGNITION:	This run is recognised by the RACP as a training position 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"> To facilitate the safe and effective management of orthogeriatric inpatients and outpatient clinic. The Registrar in the orthogeriatric context will supervise the work of a House Officer, with whom they will organise the investigation and management of inpatients under the care of the AT&R department, requesting assistance from the Team Consultant when required. This applies to patients in the (proposed) AT&R ward 4 and, other AT&R inpatient wards, as required. 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 do preoperative assessment of older orthogeriatric patients on the acute theatre list with the purpose of optimising medical condition and obtain a social/functional baseline of patient, accompanied by Orthogeriatric Coordinator and Pharmacist (Monday – Friday) and seek advice as needed from one of the Orthogeriatricians. The Registrar will be available to attend Consultant rounds and will have a current knowledge of the progress of inpatients under their care. The Registrar will attend the MDT and rounds by the Orthogeriatricians, daily AT&R triage, and radiology meetings. The Registrar will participate in day to day inpatient care of older orthopaedic patients with supervision from the Orthogeriatricians attached to the service. This degree of participation may be adjusted to maintain a manageable workload, at the discretion of the Clinical Head, AT&R services.

Area	Responsibilities
	<ul style="list-style-type: none"> • The Registrar will be available to provide support within the AT&R unit at the discretion of the Clinical Head. This may include assistance with admissions, home visits, reviewing ward referrals, and additional clinics where spare capacity exists. • The Registrar will participate in the Registrars' roster to assess and see patients in EC/SSU referred to AT&R during weekdays as needed. • 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 team members regarding discharge planning and progress of patients. • The Registrar will attend rostered outpatient Falls & Osteoporosis clinics promptly and will endeavour to see outpatients at their scheduled appointment times and participate in DEXA reporting. • Outpatients not previously seen in the Department, or who are to be discharged, will be discussed with a Consultant Physician. The Registrar will answer calls by GPs about patients and arrange appropriate channel of assessment in accordance with the triage formula operating in the Unit or discuss patient with consultant if necessary. • 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"> • The Registrar will review the Electronic Discharge Summaries (EDS) prepared by the team House Officer of identified patients. The Registrar will send an amended EDS or dictate an additional letter to the GP after patient's discharge from hospital when complexity of diagnosis and management, or results of investigations available after discharge, makes this necessary. • 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 instructions for nursing) will be accurately and legibly recorded and legibly signed. • The Registrar is responsible for the completion of death certificates for patients who have been under their care, although this may be delegated to a House Officer as appropriate. • The Registrar will be expected to participate in audit programmes within AT&R 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 as appropriate. • 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 Registrar is expected to attend the weekly Medical Division Clinical Meeting, and there is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). The Registrar will attend the orthopaedic teaching meetings as appropriate. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:

Area	Responsibilities
	<p>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."</p> <p>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."</p> <ul style="list-style-type: none"> • 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.	0815 Triage meeting AT&R	0815 Triage meeting AT&R	0815 Triage meeting AT&R 1200 AT&R teaching	0815 Triage meeting AT&R 1145 – General Medicine Journal Club	0815 Triage meeting AT&R 0830 – Radiology Conference
p.m.	1215 – SACS Lecture Series (every 4 th 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 Paanui 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 an average of 3 hours of educational sessions per week which includes attending specialist Registrar training at Auckland Hospital when clinical duties allow.</p> <p>The Registrar will participate in AT&R Unit teaching sessions.</p>
<i>Research</i>
<p>A clinical research project may be undertaken during the attachment subject to approval by the Manager, Intermediary Care Services and the Clinical Head - AT&R Unit for the Elderly. Quality improvement activities, such as clinical audit, are also encouraged.</p>

Section 3: Roster

<i>Roster</i>
<p>There are Six Registrars employed in the Geriatric/AT&R service. The ordinary hours of work are 0800 - 1600 hours Monday to Friday.</p> <ul style="list-style-type: none"> • 17 long days in 26 weeks 0800-2230 • 1:4.3 weekend frequency Saturday and Sunday (1x 0800-1600, 1x 0800-2230) • Weekend Nights Thursday – Sunday 2200-0800 <p>Across the CMDHB General Medicine and Medical Specialties services there will be:</p> <ol style="list-style-type: none"> 1) A consistent workload for 2 Registrars overnight (2200-0800). At times there may be a 3rd night Registrar rostered, however, this is currently a supernumerary shift and may only be filled where cover permits 2) In addition there is 1 Registrar rostered to 1600 – 0000 daily in Medical Assessment Unit, who may remain on site until 0400 at the latest to support workload requirements, this is accounted for within the on-call component of the run description. 3) A consistent workload for 6 Registrars rostered to weekday long days (Monday-Friday). 4) A consistent workload for the following weekend shifts. <ul style="list-style-type: none"> • 6x Saturday long days • 5x Saturday short days • 5x Sunday long days • 6x Sunday short days. • At times an additional Registrar may be rostered to the weekend, however, this is currently a supernumerary shift and may only be filled where cover permits. 5) This excludes Cardiology and Renal service long days and weekends

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. A Geriatrician is available if required 24/7.</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 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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	10.74	
All other unrostered hours (to be confirmed by a run review)	TBC	
Total hours per week	50.74	

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

Total hours fall below the middle of the salary band therefore the run will be remunerated as a D run category until the unrostered hours can be confirmed by a run review.