

# RUN DESCRIPTION

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	Stroke Unit/ General Medicine, Medicine
<b>PLACE OF WORK:</b>	Middlemore Hospital
<b>RESPONSIBLE TO:</b>	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital and community based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the safe and effective management of inpatients under the care of the Acute Stroke Unit, and Medical Services.
<b>RUN RECOGNITION:</b>	This run is eligible for recognition as part of an appropriate training program for specialist qualification.
<b>RUN PERIOD:</b>	6 months

## Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>The Registrar is responsible for the day to day medical care of patients in the Acute Stroke Unit (ASU) and will undertake a daily morning round when on duty during the ordinary hours of all patients in ASU.</li> <li>The Registrar will undertake investigation or treatment of patients in the ASU where appropriate and request assistance from the Consultant on call when required.</li> <li>The Registrar will attend "Code Stroke" calls.</li> <li>The Registrar will review inpatient stroke referrals prior to involving the Consultant.</li> <li>The Registrar is expected to attend and present overview of stroke patients in ASU and stroke outliers at the weekly multi-disciplinary ward meetings (on Wednesday). The Registrar or House Officer will attend daily "huddles" ("mini"-multidisciplinary ward meetings on (Monday, Tuesday, Thursday and Friday)</li> <li>The Registrar will be available to attend Consultant ward rounds when on duty during the ordinary hours and will have a current knowledge of the progress of inpatients under their care.</li> <li>The Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will liaise with members of the ASU Multidisciplinary Team and with AT&amp;R and other rehabilitation services for the acute care and rehabilitation of patients, regarding discharge planning and progress of patients.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• The Registrar will supervise the work of a House Officer, with whom they will organise the investigation and management of inpatients under the care of the department. The Registrar is expected to ensure their patients are safely and</li> </ul>
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The Registrar will attend rostered outpatient clinics, up to one session per week, and endeavour to see outpatients at their scheduled appointment times. Outpatients not previously seen in the Department, or who are to be discharged, will be discussed with a Consultant Physician.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>• CMDHB Clinical Board policies are to be followed at all times.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• E-Notes or legible paper notes are to be written in patient charts and a daily problem list and management plan will be compiled for each patient. The opinion of the Consultant will be recorded. All documentation should comply with CMDHB Clinical Board documentation policy.</li> <li>• The Registrar will review the Electronic Discharge Summaries (EDS) prepared by the team House Officer. 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.</li> <li>• The Registrar is responsible for the accuracy of the principal and secondary diagnoses and treatment/management and procedures performed recorded on the EDS.</li> <li>• All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed.</li> <li>• The Registrar will 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.</li> <li>• A letter will be dictated to the patient's GP after each outpatient visit.</li> <li>• The results of all investigations will be sighted and signed electronically. The</li> </ul>

Area	Responsibilities
	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Attendance at weekly Medical Division Clinical Meeting is expected. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties).</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>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.”</li> <li>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.”</li> </ol> </li> <li>• 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</li> <li>• 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</li> </ul>

## Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>a.m.</b>	0800 – Medical Handover 0830 – “Huddle”	0800 – Medical Handover 0830 – “Huddle”  1100 – Stroke teaching	0800 – Medical Handover	0800 – Medical Handover 0830 – “Huddle”  1145 – General Medicine Journal Club	0800 – Medical Handover 0830 – “Huddle”
<b>p.m.</b>	1215 – SACS Lecture Series (every 4th week)	1215 – Stroke Radiology (by Zoom)	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>
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### *Education*

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.

There is a weekly (45-60 minute) Stroke teaching session.

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 if candidate is a basic trainee or project and CME related time if an advance trainee.

### *Research*

A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Stroke. Quality improvement activities, such as clinical audit, are also encouraged.

## **Section 3: Roster**

### *Roster*

- 17 long days in 26 weeks (0800-2230)
- 1:4.3 weekend frequency (1x 0800-2230, 1 x 0800-1600)
- Weekend Nights Thursday – Sunday 2200-0800
- Monday to Friday 0800-1600

Across the CMDHB General Medicine and Medical Specialties services there will be:

- 1) A consistent workload for 2 Registrars overnight (2200-0800). At times there may be a 3<sup>rd</sup> 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.
  - 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**

### *Other Resident and Specialist Cover*

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 Stroke Consultant is available to 4 pm, Monday to Friday.

## **Section 5: Performance appraisal**

<i>Registrar</i>	<i>Service</i>
<i>The Registrar will;</i>	<i>The service will provide;</i>

<i>Registrar</i>	<i>Service</i>
<ul style="list-style-type: none"> <li>• 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;</li> <li>• Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them;</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li> <li>• Sight and sign the final assessment report provided by the service.</li> </ul>	<ul style="list-style-type: none"> <li>• A general Stroke orientation session;</li> <li>• 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;</li> <li>• An interim assessment report on the Registrar six (6) weeks into the run, after discussion between the Registrar and the Consultant responsible for them;</li> <li>• 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;</li> <li>• 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.</li> </ul>

## 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 is detailed as a Category D.

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.