



# RUN DESCRIPTION

<b>POSITION:</b>	<b>Surgical Registrar</b>
<b>DEPARTMENT:</b>	Paediatric General Surgery
<b>PLACE OF WORK:</b>	Starship Hospital/Surgical Outreach Clinics
<b>RESPONSIBLE TO:</b>	Clinical Director and Service Manager of Paediatric General Surgery through a nominated Consultant Surgeon.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers and hospital based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of Paediatric Surgical Services
<b>RUN RECOGNITION:</b>	This run is recognised by the Royal Australasian College of Surgeons as a training position for specialist qualification of basic surgical training.
<b>RUN PERIOD:</b>	6 months

## Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>• Assess surgical and trauma patients in the Children's Emergency Department.</li> <li>• Assess patients admitted to the department of Surgery, particularly those requiring operative management. Undertake clinical responsibilities as directed by the consultant and organise relevant investigations, ensure the results are followed up, sighted and signed.</li> <li>• Assess patients prior to surgery, ensuring that adequate examination has been undertaken that this has been adequately documented and that appropriate investigations have been performed.</li> <li>• Attend operating theatre either performing the surgery alone or in attendance with a Consultant Surgeon, or assisting or teaching Surgical Registrars or House Surgeons.</li> <li>• Liase with House Surgeons and ensure that they are performing their duties to a required standard and are receiving adequate assistance.</li> <li>• Attend patient handovers as appropriate particularly early morning and at end of long day shift. Also attend team and departmental meetings as required.</li> <li>• Maintain a high standard of communication with patients, families, and staff about</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	patients' illnesses and treatment.
	<ul style="list-style-type: none"> <li>• Inform consultants of the status of patients, especially if there is an unexpected event</li> </ul>
<b>Admitting</b>	<ul style="list-style-type: none"> <li>• Assess and admit surgical patients referred by ED or from the community or from other units within Auckland hospital when required by the attached roster.</li> </ul>
<b>Ward Review</b>	<ul style="list-style-type: none"> <li>• Review patients in other wards when required by attached roster.</li> </ul>
<b>On-Call</b>	<ul style="list-style-type: none"> <li>• When On Call, be available within hospital to attend calls as soon as possible.</li> <li>• Provide advice to and liaise with GP's and other hospital medical staff on surgical matters;</li> <li>• Authorise patients to be transferred to and be seen by to the service when appropriate.</li> <li>• Liaise with Consultant and the Senior Registrar as required</li> </ul>
<b>Inpatients</b>	<ul style="list-style-type: none"> <li>• When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the Clinical Director.</li> <li>• Ensure images are available for ward rounds and inspection at other times as required.</li> <li>• Ensure relevant documents, e.g. discharge summary, including follow-up arrangements are despatched in a timely fashion as agreed by the Clinical Director.</li> <li>• Ensure management plans for patients are appropriately documented.</li> <li>• Arrange for appropriate cover of Team's patient when not on-call for evening and weekend by satisfactory handovers with other registrars.</li> <li>•</li> </ul>
<b>Outpatients</b>	<ul style="list-style-type: none"> <li>• Assess and manage patients referred to outpatient clinics with appropriate support from senior registrar and consultant as required.</li> <li>• Communicate with referring person following patient attendance at clinics. A letter to the patient's General Practitioner must be dictated after each outpatient visit.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Keep adequate and legible records in accordance with hospital requirements and good medical practice, including discharge summaries.</li> <li>• Make daily entries to Clinical Records and whenever changes are made to patient management. Such entries must always be signed and dated with a notation of the time of day.</li> <li>• Discharge summaries, discharge coding, and audit forms must be completed within two days of discharge. Preferably these will be completed by the day of discharge.</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service.</li> <li>• Be responsible for certifying death and complete appropriate documentation.</li> <li>• Complete death certificates for patients who have been under the Registrar's care. This may be delegated to a House Officer</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:               <ol style="list-style-type: none"> <li>1. <i>“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.”</i></li> <li>2. <i>“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</i></li> </ol> </li> </ul>

## Section 2: Weekly Schedule

<i>Weekly Schedule</i>
Each registrar will attend elective operating sessions and outpatient clinics with their consultant, and attend acute operating cases as under the direction and supervision of the senior registrar and consultant.

## Section 3: Training and Education

<i>Nature</i>	<i>Details</i>
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"> <li>• Orientation at the beginning of the run</li> <li>• Weekly Journal club and problem based learning sessions.</li> <li>•</li> </ul>
<i>The Registrar is responsible for Post Graduate and Under Graduate Nurse Teaching and supervision of same and responsible for teaching House Surgeons</i>	

## Section 4: Cover

<i>Cover</i>		
<ul style="list-style-type: none"> <li>• There are 10 Registrars on this run, included in this is the ability for 2 Registrars to be on leave at any one time.</li> <li>• Cover duties of the Registrar on leave or overnight is provided within the 10 team Registrar positions.</li> <li>• Each Registrar will be responsible for taking calls from ED, GP and within the hospital when on an on call shift..</li> <li>• The Registrars will work an average of 1:8 on call duties.</li> </ul>		
Ordinary Hours	Monday to Friday	0730 – 1530
Weekday Long Day	Monday to Friday	1530 - 2200
Weekend Long Day	Saturday to Sunday	0730 – 2200
Nights (on call/call back)	Monday to Sunday	2200- 0800
<p>The expectation for the night shift is that Registrars need to be able to report to the hospital within 20 minutes of a call. Where this is not feasible, there are facilities available on site for Registrars to sleep.</p> <p>The remuneration reflects that Registrars may not be able to on call, off site.</p>		

## Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <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 teaching.</li> <li>• after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li> </ul>	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> <li>• an initial meeting between the Consultant and Registrar to discuss goals and expectations for the run, review and assessment times, and teaching.</li> <li>• an interim assessment of the Registrar three <b>(3)</b> months 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	Together, The Service with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	16	
All other unrostered hours	4.87	
Total hours per week	60.87	

**Salary** The salary for this attachment will be as detailed as a B run category.

Any ward round requirements are captured in the unrostered hours of the run category.