

RUN

POSITION:	Research Fellow - Renal
DEPARTMENT:	Division of Medicine (Renal)
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
RESPONSIBLE TO:	Clinical Head – Renal through the designated Supervisor of Training (supervising consultant).
FUNCTIONAL RELATIONSHIPS:	Health Care Consumers Hospital and community-based health care workers Research subjects
PRIMARY OBJECTIVE:	To undertake research and facilitate the management of patients under the care of the Division of Medicine (Sub- specialty Renal).
RUN RECOGNITION:	This run is recognised by the RACP as a training position for nephrology specialist qualification.
RUN PERIOD:	6 months

Section 1: Fellow's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties:	<ul style="list-style-type: none"> • The Research Fellow is expected to contribute to cover the clinical Renal Registrars for no more than a total of 6 weeks in 6 months when they are on leave or unwell. • Direct clinical contact time (non research clinics, procedure lists) to be no greater than 3 half day sessions per week on average. <ul style="list-style-type: none"> - The Fellow will work under the supervision of the Renal Physicians when covering the four clinical Renal Registrars. The Fellow's clinical work routine at those times will include the following activities: • Daily ward rounds with appropriate consultant liaison on renal inpatients on Ward 1 and outlying Wards during Monday to Friday when on the Ward or Outlier Rotation • Daily ward rounds with appropriate consultant liaison on all consultations directed to the Department of Renal Medicine from other hospital departments when on the Consult Rotation • 1 weekly transplant clinic, 1 weekly transplant meeting, 2 weekly dialysis walk in clinics and research/audit activities when covering the Transplant and Home Therapies Rotation • 1 weekly procedure session when covering the Transplant & Home Therapies

Area	Responsibilities
	<p>rotation</p> <ul style="list-style-type: none"> • 1 fortnightly Nephrology follow up outpatient clinic to be held at Manukau SuperClinic • 1 fortnightly sub-acute clinic held at Manukau Health Park infusion centre • Providing cover for renal patients at the infusion centre on Wednesday mornings. • Performing cardiological testing (ETT, DSE) for renal patients as required • Inserting and removing tunnelled and untunnelled central venous lines as required • Attending urgent clinical problems in dialysis units as required • Managing the longitudinal care of nocturnal in-centre haemodialysis patients (on Monday, Wednesday and Friday nights) including reviewing their monthly blood tests • Managing the longitudinal care an evening shift of haemodialysis patients at Scott Haemodialysis Unit (on Tuesday, Thursday and Saturday evenings) • Assisting with the assessment / admission of Internal Medicine referrals in the Emergency Department or the Assessment and Discharge Unit during Renal on-call rostered duties, at the request of the Renal Consultant. This request may be made to the Renal Consultant from the Internal Medicine service in situations where there are more than 12 patient waiting and the B-call Internal Medicine Consultant has been already called in. <ul style="list-style-type: none"> - The Fellow will read and note the medical standard operating procedures manuals (SOPs) and will note and follow numerous other protocols relating to the work of the Department of Renal Medicine. - The Fellow will supervise the work of House Officers, with whom they will organise the investigation and management of inpatients under the care of the department, requesting assistance from the consultant when required. The Fellow is expected to ensure their patients are safely and efficiently handed over and to liaise with the other health professionals in the department to ensure the required level of coordinated care to the patients is achieved and maintained. - The Fellow will maintain a high standard of communication with patients, patients' families and staff. The Fellow 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. - The Fellow will manage RITO2 with weekly clinical rounds, monthly blood rounds and ad hoc care as required. <ul style="list-style-type: none"> • CMDHB Clinical Board policies are to be followed at all times.
Administr	<ul style="list-style-type: none"> • The Fellow will review the Electronic Discharge Summaries (EDS) prepared by the team House Officer, ensuring correct and complete communication regarding medications and dialysis prescriptions / goal weights for dialysis patients. The Registrar will send an amended EDS or dictate an additional letter to GPs after patients' discharge from hospital when complexity of diagnosis and management, or results of investigations makes this necessary. • The Fellow is responsible for the accuracy of the principal and secondary diagnoses and treatment / management and procedures performed as recorded on the EDS. • Legible signed and dated 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.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • Legible signed and dated instructions (including drugs, IV fluids, dialysis prescriptions and nursing instructions) will be written in patient charts. • The Fellow is responsible for the completion of Inpatient Consultation Summaries for all consultations where there is follow-up by the department, or when complexity of diagnosis and management, or results of investigations makes this necessary. • The Fellow is responsible for the completion of procedure notes following surgical lists or procedures for which they are responsible. • The Fellow 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. • The Fellow will be expected to participate in audit programmes within Department of Renal Medicine and, in particular, will be responsible for completion of a mortality audit form for each patient dying under their care and presenting this to the Consultant. • At Nephrology outpatient clinic, the Fellow will clerk patients as per recommendations of the Department of Renal Medicine and dictate letters to GPs (and other specialists where necessary). • The results of all investigations ordered on renal inpatients and consults will be sighted and signed electronically daily. The responsibility for results relating to patients may be shared with the team House Officer. The Fellow will refer results to the Consultant where there is uncertainty about their significance. • The Fellow is expected to attend the weekly Department of Renal Medicine Multi-disciplinary Meeting, weekly combined Radiological-Surgical meeting and monthly Histopathology Meeting. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 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.” 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.” • If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or, or if after hours the Duty Manager directly as well as the Consultant to which the Fellow 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

<i>Training and Education</i>	
<i>Research</i>	To undertake research projects (academic and pharmaceutical) in consultation with the Clinical Head – Renal through the designated Supervisor of Training (supervising consultant).
<i>Education</i>	<p>Through example and supervision the Fellow will actively contribute to the education of House Officers. The Fellow may be required to participate in the education of other junior medical staff in the hospital and also may be involved in the teaching of nursing and technical staff.</p> <p>The Fellow is responsible for coordinating the Wednesday morning (7.30-8am) Registrar teaching program including timetabling of talks ,for the registrars,from a set list of core Nephrology topics.</p> <p>The Fellow is also expected to present at CME meetings, journal club, other Nephrology meetings and Department of Medicine Grand rounds.</p> <p>The Fellow, whenever able, attends the various departmental meetings including Monday and Friday morning handovers, weekly Radiology meeting, weekly MDT meeting, monthly Histology meeting and the bimonthly Research meeting and Mortality and Morbidity meetings.</p> <p>The run includes a minimum of 4 hours of educational sessions per week, including the Thursday lunch-time Middlemore Grand round and Friday afternoon teaching sessions. As far as possible, the Fellow will be released to attend the Wednesday afternoon educational sessions at Auckland Hospital aimed to meet the needs of candidates sitting FRACP Part 1.</p> <ul style="list-style-type: none"> • Consultant teaching session weekly • Other Renal department academic activities • Audit project or publishable case report <p>If a Fellow is post FRACP Part 1, their medical education time may be devoted to an appropriate research project or quality assurance project as agreed with the supervising consultant.</p>
<i>Teaching</i>	To assist in teaching House Officers, Registrars, third or fifth year medical students, and other health workers as requested

Section 3: Roster

<i>Roster</i>

Roster

- Up to 24 long days (0800-2200)
- Up to 4x weekends (1x 0800-2200; 1x 0800-1600)
- Maximum of 8 nights(2200-0800)
- Monday to Friday (0800-1600)

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

- A consistent workload for 3 Registrars overnight (2200-0800).
- A consistent workload for minimum staffing levels of 14 Registrars are as follow for weekend shifts
 - o 8x Saturday long days
 - o 6x Saturday short days
 - o 6x Sunday long days
 - o 8x Sunday short days.
- Minimum staffing are levels inclusive of Cardiology, Renal and Respiratory service long days and weekends
- Please note – within the published roster/roster template there are additional long days and weekends rostered. This is to provide buffer for both planned and un-planned leave and these shifts are over and above the minimum staffing levels outlined above. Cross cover payments would not apply where the additional/buffer shifts are not filled as these shifts are above minimum staffing levels

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.

Section 5: Performance appraisal

<i>Fellow's Responsibilities</i>	<i>Service Responsibilities</i>
<p>The Fellow will;</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 Fellow and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in 	<p>The service will provide;</p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and Fellow to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • An interim assessment report on the Fellow six (6) weeks into the run, after discussion between the Fellow and the Consultant responsible for them; • The opportunity to discuss any deficiencies

<i>Fellow's Responsibilities</i>	<i>Service Responsibilities</i>
consultation with their Consultant; <ul style="list-style-type: none"> Sight and sign the final assessment report provided by the service. 	identified during the attachment. The Consultant responsible for the Fellow will bring these to the Fellow's attention, and discuss and implement a plan of action to correct them; <ul style="list-style-type: none"> A final assessment report on the Fellow at the end of the run, a copy of which is to be sighted and signed by the Fellow.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Ordinary Hours (Mon – Fri)	40.0	The Service will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	12.49	
All other unrostered hours (to be confirmed by a run review)	0.84	
Total hours per week	53.33	

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