

POSITION:	Palliative Medicine Registrar – Elective Rotation in Pain Medicine
DEPARTMENT:	Acute and Chronic Pain service, North Shore Hospital, Waitemata District
PLACE OF WORK:	North Shore and Waitakere Hospitals and out-patient clinics
RESPONSIBLE TO:	<ul style="list-style-type: none"> • Clinical Director of Pain Service WDHB and other consultants covering the hospital palliative care service and the pain service. • Operations Manager • Run supervisor(s) for training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, North Shore and Waitakere Hospitals and community-based healthcare workers
PRIMARY OBJECTIVE:	To support and facilitate the care of patients referred to the acute and chronic pain services
RUN RECOGNITION:	This run is recognised by the RACP and Australasian Chapter of Palliative Medicine as a training position for specialist qualification
RUN PERIOD:	26 weeks

Background:

As part of its consult role within the region, the hospital palliative care service frequently interfaces with the pain service in the transition of care of patients with palliative care needs, including interventional pain therapies. It has established several channels of collaboration to develop educational and training opportunities that benefit both teams.

This run is a valuable and rewarding elective rotation for a Palliative Advanced Trainee due to the links between pain and palliative medicine. It provides the trainee with an in-depth insight of therapies provided by the pain service and exposure to pain management options that can be considered for palliative care patients while providing more knowledge of medications and other treatments applied to the management of chronic pain and the complexities that arise from co-morbid conditions in the later stages of life.

The pain service is comprised of the acute (inpatient) pain service which provides peri-operational pain management including interventions such as nerve blocks, PCA and is frequently involved in tumour-related pain requiring palliative surgical and orthopaedic interventions. The chronic pain service provides an outpatient community service and is comprised of specialist physiotherapy, medical consultants (who also work in the acute pain team and anaesthetics), specialist nurses and clinical psychologists providing care for patients with chronic pain conditions such as neuropathic non-malignant pain, complex regional pain syndrome, pelvic pain, facial pain, and musculoskeletal pain disorders such as chronic pain and neck pain, fibromyalgia amongst others.

There will also be opportunities to spend time with the multidisciplinary team of the Auckland regional pain service (TARPS). The advanced trainee will be encouraged to attend a Diagnostic Ultrasound course and to spend time with interventional radiology at North Shore Hospital. In addition to this the Hospital palliative care service runs a supportive palliative care outpatient clinic creating other opportunities for the advanced trainee to assess and follow up patients met through the Pain service.

Section 1: Registrar's Responsibilities

Area	Responsibilities
General Duties	<ul style="list-style-type: none"> • Participation in triage of referrals to the pain service including inpatient referrals to the acute pain service and outpatient referrals for chronic pain • Assessment and treatment of outpatients referred to the pain service from community services • Participation in the assessment and treatment of inpatients referred to the acute pain team • Extension of training and knowledge of Pain Management in the context of acute and chronic pain • Participation of multidisciplinary team meetings • Extension of training and knowledge in pain management <i>outside</i> the palliative care context • Exposure to indications and application of interventional pain therapies including partnership with interventional radiology and anaesthesiology • Exposure to non-pharmacological pain interventions including psychotherapy, physiotherapy, and complementary therapies in the context of chronic pain • Liaison with hospital palliative care for transition of pain management • Participation in family meetings and conferences • Liaison with other health professionals including GPs for continuity of care
Administration	<ul style="list-style-type: none"> • Maintenance of comprehensive documentation in clinical files, including <ul style="list-style-type: none"> ○ letters to other health professionals or agencies regarding assessments and treatment progress ○ medication orders, including prescriptions, medication updates and reasons for changes • Completion of any special documentation or database entry of health information as required by the Unit Consultant or Manager. • Participation in team case conferences. • Follow up laboratory and other investigations as necessary, using electronic systems and other records as appropriate • Obtain informed consent for procedures within the framework of the Medical Council guidelines. • If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support office or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. • In consultation with the Clinical Director, assist with operational research in order to enhance the performance of the Service. If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty • As an RMO working at WDHB you will be provided with a Clinical Portal login and WDHB email account which will be used for all work-related communication. It is your responsibility to ensure you check this regularly

Section 2: Hours of work

A full-time registrar will work between the hours of 0800 and 1630.

The scheduled activities are shown below. In addition to activities shown in the weekly schedule the trainee will be allocated to clinical activities, non clinical activities and four hours per week of protected training time. The registrar may attend departmental specialty-specific journal or peer group meetings that usually take place on a monthly basis. Timetabling of all activities including SMO rounds, clinical activities, non clinical activities and protected training time may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	Acute pain team ward round and MDT	Persistent Pain Clinic	Out-patient clinic – physiotherapy alternating with psychologist	Audit/ Research	Anaesthesia Meeting Acute pain team ward rounds
p.m.	Pain Round Follow up Family meetings	Persistent Pain Clinic	Palliative care doctor peer group Non clinical time	Psychology- APS	Supportive and Palliative Care clinic

Clinical activities include reviewing outpatients, ward rounds, ward -based work, triaging and responding to referrals, weekly grand round, multi-disciplinary and family meetings, audit and quality assurance activities, case conferences and reviews, case coordination, telephone consultations, clinical documentation.

Non - clinical activities include teaching, educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources, preparation of clinical resources, and regular presentation at weekly clinical team and medical team meetings. Non clinical time is allocated one afternoon per week, but can be interspersed with other activities depending on clinical workload.

Section 3: Training and Education

Nature	Details
Allocated Training Time	Protected training time of 4 hours per week will be allocated for CPE, professional self development, medical learning and teaching sessions.

Section 4: Roster

Hours of Work
08:00 - 16:30 Monday to Friday 8.5 hours per day:

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> • at the outset of the run arrange a meeting with their primary supervising consultant to discuss goals and expectations for the run, review and assessment times • arrange a meeting midway through their run for formative assessment • after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their supervising consultant or designated consultant if supervising consultant is not available • arrange a meeting towards the end of their run for summative assessment 	<p>The service will:</p> <ul style="list-style-type: none"> • provide a suitable work and training environment that will foster excellence in patient care and support high quality education. • An initial meeting between the supervising consultant (or designated consultant if supervising consultant is not available) and registrar will be arranged to discuss goals and expectations for the run, review and assessment times. • An interim assessment report will be provided midway through the run after discussion between the registrar and the supervising consultant (or designated consultant if supervising consultant is not available). • A final assessment report will be provided at the end of the run, a copy of which is to be sighted and signed by the registrar. • The opportunity to discuss any deficiencies identified during the attachment will be available at any time. The supervising consultant (or designated consultant if supervising consultant is not available) in conjunction with the registrar will discuss and implement a plan of action to correct identified deficiencies.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	2.5	
All other unrostered hours	2.5	
Total hours per week	45.00	

Salary: The salary for this attachment is estimated to be a Category **E**