

# RUN DESCRIPTION

<b>POSITION:</b>	Registrar – Integrated Stroke Unit
<b>DEPARTMENT:</b>	Older Adults/Stroke
<b>PLACE OF WORK:</b>	Waitakere Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Operations Manager, through a nominated Consultant/Physician.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers and family/whanau, hospital and community based healthcare workers including Consultants and Registrars in AT&R, General Medicine and others as required, other members of multidisciplinary team.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the safe and effective management of inpatients under the care of the Integrated Stroke Unit. To provide support and supervision for Integrated Stroke Unit House Officer.
<b>RUN RECOGNITION:</b>	This run will be accredited for RACP basic or advanced training in General or Geriatric Medicine
<b>RUN PERIOD:</b>	26 weeks

## Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>Responsible for the day-to-day medical care of patients in the Integrated Stroke Unit (ISU) and will undertake a daily morning round, when on duty during the ordinary hours, of all patients in the ISU.</li> <li>Attend Consultant ward rounds when on duty and have a current knowledge of the progress of inpatients under their care.</li> <li>Attend multidisciplinary meetings with other health professionals involved with patient management and discharge planning.</li> <li>Review acute admissions to the ISU including construction of a problem list and management plans.</li> <li>Undertake investigation or treatment of patients in the ISU where appropriate and request assistance from the supervising Consultant when required.</li> <li>Closely monitor medically unstable patients and ensure appropriate handover occurs with the on-call House Officer, Registrar or Consultant as appropriate.</li> <li>Communicate effectively with members of the multidisciplinary team to ensure optimal patients outcomes and timely discharge.</li> <li>Supervise the duties of the House Officer to ensure that patient’s management decisions are carried out according to best practice principles and guidelines.</li> <li>Daily liaison with the House Officer and be available for advice or consultation as required.</li> <li>Undertake outpatient clinics and all patients seen should be discussed with the supervising Consultant following the scheduled clinic.</li> <li>Undertake acute stroke reviews in the Emergency Department (ED), Admissions and</li> </ul>

Area	Responsibilities
	<p>Diagnostic Unit (ADU) and General Medicine wards. All patients seen should be discussed with the supervising consultant.</p> <ul style="list-style-type: none"> <li>• Ensure regular case notes are written in a problem orientated manner when patients are assessed and/or management changes made.</li> <li>• Undertake other duties as required from time-to-time by the Clinical Director for Older Adults/Stroke.</li> <li>• Maintain a high standard of communication with patients, patients' families and staff.</li> <li>• Ensure their patients are safely and efficiently handed over and liaise with the other health professionals in the ISU to ensure the required level of coordinated care to the patients is achieved and maintained.</li> <li>• Attend the weekly educational programme of the ISU and take responsibility for presentation when required to do so. This may include Journal Clubs, Grand Round, Morbidity &amp; Mortality Meetings or AT&amp;R teaching.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>• WDHB Clinical Board policies are to be followed at all times.</li> </ul>
<b>Acute Admitting</b>	<ul style="list-style-type: none"> <li>• Review acute and elective admissions to the ISU, construct a problem list and request basic investigations.</li> <li>• Attend all hyper-acute stroke calls during normal working hours.</li> </ul>
<b>On-Duty</b>	<ul style="list-style-type: none"> <li>• Review inpatient stroke referrals prior to involving the Consultant.</li> <li>• Attend and present overview of stroke patients in ISU at the multi-disciplinary ward meetings.</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Research opportunities are available in consultation with the Clinical Director.</li> <li>• Participation in clinical audit is encouraged.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• 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 WDHB documentation policy.</li> <li>• Monitor Electronic Discharge Summaries (EDS) prepared by the House Officer to ensure they are an accurate and timely record of care. If necessary, the Registrar will send an amended EDS or dictate an additional letter to the GP when complexity of diagnosis or management, or results of investigations become available after discharge.</li> <li>• 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 recorded.</li> <li>• Letter will be dictated to the patient's GP after each outpatient visit.</li> <li>• Results of all investigations will be sighted and signed electronically in a timely and safe manner. The responsibility for results relating to inpatients may be shared with the House Officer. The Registrar will refer results to the Consultant where there is uncertainty about the significance.</li> <li>• Responsible for certifying death and completing appropriate paperwork for patients who have died under their care, although this may be delegated to a House Officer.</li> <li>• Obtain informed consent for procedures within the framework of the NZ Medical Council guidelines which state: <ul style="list-style-type: none"> <li>○ "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>○ "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> </ul> </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> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>All RMOs working at WDHB are provided with a DHB login and WDHB email account which will be used for all work related communication. It is the expectation the emails will be checked regularly.</li> </ul>

## Section 2: Training and Education

Nature	Details
Protected Time	<p>The Registrar will attend (unless attendance is required for an emergency) the following teaching sessions:</p> <ul style="list-style-type: none"> <li>Medical Grand Round – Tuesdays 1230 – 1330.</li> <li>Prepare, if applicable, for the written and clinical RACP exams and attend RACP Teaching – Wednesdays 1330 – 1630.</li> <li>Stroke Journal Club – Mondays 0830 – 0900.</li> <li>General Medicine Journal Club –</li> <li>AT&amp;R Weekly Teaching – Fridays 1230 – 1330.</li> <li>AT&amp;R Morbidity &amp; Mortality meetings every 4 weeks – Mondays 1230 – 1330.</li> <li>Neuroradiology Meeting – Fridays 0830 – 0900.</li> <li>Advanced trainees in Geriatric Medicine are expected to attend the monthly Regional Geriatricians Journal Club and regular Geriatric Advanced Trainee teaching.</li> <li>Advanced trainees will receive one afternoon/week protected teaching time for audits or project related activities.</li> <li>Registrars may be requested to present case summaries and topic reviews.</li> <li>Through example and supervision, the Registrar will actively contribute to the education of House Officers including formal teaching programmes if requested.</li> <li>Through example and supervision, the Registrar will actively contribute to the education of medical students attached to the ISU.</li> <li>On occasion, the Registrar may be requested to teach other health care workers.</li> </ul>

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>a.m.</b>	0800  0830 Stroke Journal Club  Daily Ward Rounds MDT huddle	0800  Daily Ward Rounds MDT huddle	0800  Daily Ward Rounds MDT huddle	0800  Daily Ward Rounds MDT huddle	0800  0830 Neuroradiology Meeting Daily Ward Rounds MDT huddle
					AT&R Teaching
<b>p.m.</b>	Ward related work	Grand Round  Outpatient Clinic	RMO protected teaching time	Ward related work	Ward related work

Note: dates and times for the sessions above may change.

### Section 3: Roster

<i>Roster</i>
<p><b>Hours of Work</b></p> <p>Ordinary Hours (Monday to Friday) – 0800-1600            Weekend Days (Saturday and Sunday) – 0800-1600            Long Days – 0800-2230</p> <p>The registrar will work 1:3 sets of weekend days Saturday and Sunday and no more than 2 long days per week (Monday to Friday) for the all adult Medical Services.</p> <p>Cover for leave will be provided by the Medical Relief Registrars, in consultation with the Clinical Director. Leave will not be unreasonably withheld, provided safety and service commitments are not compromised</p>

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>There are two registrars employed in Muriwai Ward WDHB. The registrars participate in the General Medicine after hours roster for evenings, nights and weekends.</p> <p>The AT&amp;R or General Medicine consultant on call must be contacted if there are any problems with which the registrar needs assistance.</p>

### Section 5: Performance Appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> <li>At the outset of the run, meet with their supervising consultant to discuss goals and expectations for the run as well as review and assessment times.</li> <li>Ensure a mid-run and end-of-run review is completed along with the required reports.</li> <li>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant and RACP designated supervisor.</li> </ul>	<p>The service will provide:</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.</li> <li>An interim assessment report on the Registrar three (3) 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. This may include notifying their RACP designated supervisor.</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> <li>The Director of Physician Education will be available to discuss problems and progress.</li> <li>Advanced Trainees will be provided with all reasonable opportunities to fulfil training requirements.</li> </ul>

## Section 6: Hours and Salary Category

In accordance with clause 12.1.2b of the STONZ MECA, where there are weekdays completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the STONZ MECA, where an RMO joins STONZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-5.33	
Rostered Additional	11.83	
All other unrostered Hours	7.18	
<b>Total Hours</b>	<b>53.68</b>	

Salary: The salary for this attachment is currently remunerated at a Category D.

Average Working Hours - STONZ Run Category (not observing RDO's)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours	11.83	
All other unrostered hours	7.18	
<b>Total Hours</b>	<b>59.01</b>	

Salary: The salary for this attachment is currently remunerated at a Category C.