

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Adult Emergency Department
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Manager, through a nominated Consultant/Physician.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Emergency Department.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Fifteen Registrar positions are available. • The registrar roster is a 6 week rotating roster working over a 24 hour period. • In the rare instance when ADHB declares a Major Incident, Registrars will be called to assist. This will be paid as additional duties and any subsequent shifts will be changed to ensure safe resumption of work after adequate rest and debriefing. During this time, Major Incident Protocols will be instigated.
	<ul style="list-style-type: none"> • Due to the unpredictable nature of Emergency work, detailed expectations cannot be given. However, there are a number of general comments. • All Registrars are expected to see patients in order of Triage priority as per the ACEM Triage Category. The exception is where a lower Triage category patient has waited an extended period and seeing this patient will not compromise the other patients in a higher category. Shorter or less complex patients may be seen out of order while awaiting investigations and management of other patients. • All Registrars are expected to see the whole range of Emergency presentations and not select patients they are comfortable with managing. Advice and assistance should be sought from the SMO or Fellow to assist in widening the Registrar's scope of practice. • Documentation on all patients should be completed in a timely fashion and must include all relevant information of history, examination, investigations, management and disposition. They may be handwritten and legible or completed electronically. All notes should be printed, signed, and dated. • All investigations ordered must be sighted, accepted and acted on. Any investigation ordered prior to seeing the patient (e.g. nurse ordered) must also be sighted, accepted and acted on even if the relevance is unclear. • Registrars are expected to participate in a number of procedures and a wide range of

Area	Responsibilities
	<p>procedures. All procedures must be performed and documented using department guidelines and protocol.</p> <ul style="list-style-type: none"> • The number of patients seen per shift is not strictly defined. It is expected the Registrar will work efficiently but at a safe speed. As a guide, in general, unless working in Resus, it is expected that a Registrar should aim to be managing 1 patient per hour and may have 2-3 patients at varying stages of assessment and management. • Registrars will be allocated to teams or areas based on the current model of care. Resus shifts will be evenly distributed. • All Registrars are expected to participate in resuscitation cases during their attachment and this is defined on the roster. Depending on their level of training, they will undertake different roles in the team led resuscitation. Senior Registrars are expected to lead Resuscitations at times. SMO guidance and support will be maintained. • By the end of the rotation, Registrars are expected to have advanced their knowledge and skills in Emergency Medicine. During the rotation if the Registrar feels this is not occurring, they must discuss it with an SMO of their choosing. They should be able to assess and manage all common emergency medicine presentations, understanding their limitations and have an approach to safely manage presentations they are unfamiliar with. • Patients should be managed from presentation to disposition. If there is doubt regarding discharge, this should be discussed with the Duty SMO or Senior Night Registrar. • Any patient requiring admission must be referred to the appropriate specialty in a professional manner. Any disputes should be directed to the SMO in charge or leading their team.. • All patients referred for outpatient clinics must be done so with the appropriate documentation and procedure. • Prior to discharge, all patients should receive a typed Discharge Summary (or hand written during computer failure). They should also receive education and any relevant patient information handouts and appropriate follow-up instructions. • All ACC patients must have ACC documentation completed.
On-Duty	<p><u>Night Senior Registrar</u></p> <ul style="list-style-type: none"> • On most shifts, there will be an SMO or Fellow in the department who will assume or delegate charge of the shift. On some occasions, a Senior Registrar may be medically in-charge of the department with the SMO contactable immediately by phone and be available for advice or attendance as required. • When in-charge, the Senior Registrar will supervise all House Surgeon cases, and Junior Registrar cases as required. <p><u>Breaks</u></p> <ul style="list-style-type: none"> • During each shift, a 30minute meal break should be taken and is paid. However, on some shifts this may need to be shortened due to the nature of emergency work. Other breaks will be made available as compensation. • The senior in charge must be aware when a meal break is being taken and only one Registrar can be off at any one time. <p><u>Handover</u></p> <ul style="list-style-type: none"> • A handover will occur at 0800 and 1600. All outgoing night shift and incoming day shift Registrars are to attend at 0800. Only incoming registrars are expected to attend the 1600 handover. All current patients will be discussed and the outgoing Registrar is expected to present a short and relevant synopsis of the ED patients (including any short stay patients) and outline the ongoing management required. • There are no longer any formal handovers between afternoon and night shifts as there is considerable overlap between the new team starting and the existing team. It is anticipated that as a result, few patients will need to be handed over. If this is to occur in the afternoon at 1800 hours patients should be handed over to one of the evening SMO's. At the end of an evening shift around 0100 hours all patients requiring handover, including short stay patients, must be handed over to one of the night registrars or Fellow. Short Stay patients handed over should have a full plan including any overnight treatment

<i>Area</i>	<i>Responsibilities</i>
	written by the outgoing medical staff.
Administration	<ul style="list-style-type: none"> • The Department will provide appropriate scrubs to be worn during the shift. Registrars must be changed and ready to start at the allocated shift time. Street clothing is not to be worn. • The department will provide reference texts and computer based material for use during the shift and for preparation for presentations. • The Department Administrator Assistant will provide administrative needs. • Formal communication will be by ADHB email, and each Registrar is expected to check their ADHB email at least weekly.
Leave	<ul style="list-style-type: none"> • Leave will be allocated on a first come, first serve basis ensuring all Registrars are treated evenly and fairly. Priority will be given to exam leave. • If you have not received a reply to your leave request within 14 days, you are requested to contact the Department Administration Assistant. • The Department Administration Assistant (or the SMO or Fellow In Charge during their absence) must be advised of any sick leave requests.

Section 2: Training and Education

<i>Training and Education</i>
<ul style="list-style-type: none"> • All Registrars are required to attend departmental CME. • Registrars rostered an M shift on Tuesday will have that converted to teaching if teaching is planned for that day. • Most CME occurs on Tuesday. Therefore if the Registrar plans to attend Tue morning teaching, they may finish their Monday A shift at midnight. If the Registrar attends Tue teaching and is due to work the A shift, they may finish the A shift at midnight. • 4 hours is added into the hour's calculation for teaching. • Additional to the 3 hours of department CME, ACEM Teaching is also available in the Northern Region. Any Registrar is able to attend this teaching. • At times the SMO may release a Registrar to attend hospital grand rounds. • Registrars will be allocated CME topics for research and presentation at department and hospital meetings. Presentations should be of a high and professional standard which includes presentation style and content. These will be graded and will be reflected in the end of run assessment.

Section 3: Cover

Other Resident and Specialist Cover

- ED Registrars are not required to work or cover in other parts of the hospital. However a Registrar may be asked to be involved with a patient transport within the hospital or to another hospital. No Registrar will perform this duty unless they and the SMO are confident in their ability to manage this situation.

Section 4: Performance appraisal

- The DEMENT will receive performance feedback throughout the run.
- The DEMENT will conduct a mid-run assessment and complete any required documentation. It will be based on comments from all SMOs, procedural work, and teaching presentations.
- If any issues arise during the Registrar's run, they will be advised, and a process of remediation and education will follow.

Section 5: Roster

<ul style="list-style-type: none"> • Shifts 	<p><u>0800-1800</u> (M = Morning shift)</p> <ul style="list-style-type: none"> • Each Registrar will be expected to pick up new patients, or any handed over by the Duty Senior Medical Officer (SMO) from 0800-1600 (8 hours). During the last 2 hours (1600-1800), the Registrar will pick up shorter cases or continue to finish the management of their other patients. Once the work is completed, the Registrar will be able to leave between 1700-1800. <p><u>1600-0100</u> (A = Afternoon shift)</p> <ul style="list-style-type: none"> • Each Registrar will be expected to pick up new patients, or any handed over by the Duty SMO from 1600-2400 (8 hours). During the last 1 hour (0000-0100), the Registrar will continue to finish the management of their patients. Once the work is completed, the Registrar will be able to leave between 0000-0100. <p><u>2230-0830</u> (N = Night Shift)</p> <ul style="list-style-type: none"> • Each Registrar will be expected to pick up new patients, or any handed over by the Duty SMO from 2230-0800 (10 hours). Handover will occur at 0800 and it is not expected that any new patients will be picked up from 0800-0830. This 30minutes will be spent at handover and completing the management of current patients to the point of discharge or referral. If this cannot be completed in the allotted time, the SMO will reallocate these patients. Once the work is completed, the shift will end and the Registrar will always be able to leave no later than 0830.
<ul style="list-style-type: none"> • Shift Patterns 	<ul style="list-style-type: none"> • 2 to 4 shifts will be worked in a row followed by 2 days off (3 days off following night shifts). • 3 weekends will be worked every 6 week cycle and are either preceded by 2 days off or 2 days off after the weekend (3 days after nights).
<ul style="list-style-type: none"> • Relief Week 	<ul style="list-style-type: none"> • R = Relief Shift • 1 in 6 weeks are Relief weeks where the Registrar will work 4-5 M, A or N shifts to cover for planned leave. • It is paid as a short notice/leave reliever at 2 categories higher than the run category. • During this week, the Registrar will work a maximum of 5 shifts with 2 days off. However, if night shifts are worked, a maximum of 4 shifts will be worked in the week. In all cases, only 2 shifts types will be worked during that week (morning and afternoon, afternoon and night, night and morning). If more than one shift type is worked, an adequate break will occur between shifts as detailed in the MECA. • If no one is on leave, the Department Administration Assistant will allocate morning or afternoon shifts. • In the rare case when a Registrar is asked to work Sat or Sun during this week, they will receive either the preceding Thur and Fri off or the following Mon and Tues off and will also only work a maximum of 2 other shifts during the relieving week. If these weekend shifts are night shifts, the following Mon, Tues and Wed will be off. The

	<p>Registrar will only work this additional weekend by consent.</p> <ul style="list-style-type: none"> • If the weekend is worked during the relief week, the RMO will still only work 50% of weekends in total. • In general, notice of the relief shifts to be worked will be at least 2 weeks in advance. However, if a RMO requires urgent leave, they may be asked to change shifts at short notice, as long as the above rules are maintained and all parties agree.
--	--

ED Registrar Roster (6 week rotation)

Line	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours
1	R	R	R	R	R			50*
2	M	M+	M			A	A	48
3	A	A			N	N	N	48
4				M	M	M	M	40
5			A	A	A			27
6	N	N	N	N				40
Maximum Average per 6 Weeks:								43.33

*The R week may have reduced hours, but the maximum number is used in the average calculation.
 +This M shift is converted to Teaching if teaching is scheduled.

Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours	43.33	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters. Per 6 Week Cycle: <ol style="list-style-type: none"> 7 morning shifts of 10 hours. 5 afternoon shifts till 0100 of 9 hours. 2 afternoon shifts till 0000 of 8 hours. 7 night shifts of 10 hours. (28%) One relief week calculated at 5 shifts of 10 hours. 4 hours of teaching per week (including 1 rostered teaching shift per 6 weeks)
All other unrostered hours	0.56	
Total hours per week	43.89	

Salary The salary for this attachment will be as detailed in a Category **C** run and a Category **A** will apply during relief.