RUN DESCRIPTION

POSITION:	Senior Registrar			
DEPARTMENT:	Paediatric Intensive Care Unit (PICU), Starship Children's Hospital			
PLACE OF WORK:	Auckland City Hospital			
FLACE OF WORK.				
RESPONSIBLE TO:	Clinical Director, PICU, through the on-call Consultant			
FUNCTIONAL RELATIONSHIPS:	Nursing staff PICU, all Starship Clinical Teams, Intensive Care and Paediatric Services throughout the country, Transport personnel, patients and their families			
PRIMARY OBJECTIVE:	Effective clinical care of critically ill children.			
RUN RECOGNITION:	The run is recognised as a training position by the Royal Australasian College of Physicians and is accredited for Two years of intensive care training with the College of Intensive Care Medicine and six months anaesthesia training by the Australia and NZ College of Anaesthetists and six months emergency medicine training by the Australasian College of Emergency Medicine.			
	6 or 12 months			

RUN PERIOD: 6 or 12 months	
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Section 1: Registrar's Responsibilities

Area	Responsibilities	
Clinical Duties	The Registrar will work co-operatively with all other teams and members of the PICU team to optimise patient care.	
	The Registrar's first responsibility is clinical care of patients in the Paediatric Intensive Care Unit.	
	• The Registrar is responsible for concise, accurate and problem oriented handover and to write notes documenting progress for every shift.	
	• Registrars are expected to keep the on-call Consultant informed of patient admissions and progress. They are expected to call for assistance early rather than face a situation in which they are clinically inexperienced.	
	Registrars are an important part of the Paediatric Emergency Team. Management of the airway and breathing are first priorities.	
	 Consultations on the ward regarding potential admissions will be reviewed as expeditiously as possible and discussed with the on-call Consultant. 	
	 Guidelines – both clinical and procedural - should be followed unless there is good reason not to and this should be discussed with the senior nurse and consultant 	
	• Transportation of patients both incoming and in transfer to other institutions is an expected part of the PICU Registrar role. Transports should be discussed with the on-	

Area	Responsibilities
	call Consultant and undertaken only when clinical experience is appropriate for the patient being transferred.
	 Transport teams will be in house for all shifts All transports will depart and return from the PICU.
Administration	• The Registrar will ensure accurate and up to date documentation on every patient.
	• Discharge notes and documentation are to be completed prior to any patient (dead or alive) leaving the Unit.
	Notes and prescriptions must be legible, dated, timed and signed.
	• The Registrar will read and adhere to the Service Description in the Location Manual and to the Registrar Guidelines.

Section 2: Training and Education

Area		
General	The Registrar will attend the PICU Orientation Programme.	
	• Registrars are expected to contribute to all aspects of the teaching programme both within PICU and the rest of the hospital e.g. Grand Round presentations.	
	Registrars are expected to read around patients to maximise their learning. Starship and PICU guidelines are available online.	
	• There will be at one two hour formal teaching session per week, comprising tutorials, evidence based presentations, and mortality reviews. Registrars are encouraged to attend unit QA/ transport meetings and hospital grand rounds and to attend specific teaching pertaining to their training programme where appropriate.	
	• Bedside teaching/questioning and discussion of relevant literature is encouraged and both during patient handovers and where appropriate in relation to direct patient care.	
	Airway management and procedures are part of clinical care. Registrars are encouraged to make the most of opportunities to learn to do these with senior support. This includes visits to the operating theatres when possible, in liaison with the anaesthetic coordinator.	
	• A research project may be undertaken during the attachment and Registrars will be supported in doing so.	

Section 3: Roster

Area			
General	Sixteen registrars provide two registrars during the day on duty in PICU, one on transport duties and a consultant and/or fellow. At night there are two night registrars and a transport registrar. Registrar duties consist of rostered shifts as follows:		
	 i) 0730 - 2100 (A): 13.5 hour long day shift ii) 2000-0900 : (P): 13 hour night shift iii) 0730-2100 (T1) transport day shift iv) 2000-0730 (P2) transport night shift v) Education shift (4 hours) 		
	Note:		
	 Leave is covered internally and incorporated into the roster to ensure registrars do similar numbers of shifts over the three month roster. 3 Registrars can be away at any one time. 		
Roster Changes	• Shift swaps are possible but must be discussed in advance with the roster consultant and be clearly written on the master roster in PICU.		

The proforma rotating roster template is as follows:*

Please note this is a base template only and duties will be removed as required to ensure limits on hours are maintained.

		RMO 1					
	М	Т	W	Т	F	S	S
Week 1		RELIEF WEEK					
Week 2		Т	Т		Р	Р	Р
Week 3	Р				А	А	А
Week 4	Т			Т	Т		
Week 5		P2	P2	P2			
Week 6	А	А	А	А			
Week 7		RELIEF WEEK					
Week 8					Р	Р	Р
Week 9	Р				А	А	А
Week 10	А						
Week 11		Р	Р	Р			
Week 12		А	А	А			
Week 13	RELIEF WEEK						
Week 14					P2	P2	P2
Week 15	P2					Т	Т
Week 16		Р	Р	Р			

KEY	Р	13	2000-0900
	P2	11.5	2000-730
	Т	12.5	730-2000
	А	13.5	730-2100

Section 4: Performance appraisal

• Performance will be assessed by the nominated Consultant Supervisor. This will include input from the other senior medical and nursing staff of the unit. This will be assessed both mid-run and at the end of the run, however any concerns raised at any stage will be discussed with the trainee and a plan made to ensure appropriate support and guidance

Section 5: Run Entitlements

- Days in lieu of public holidays relate to all registrars and include a day in lieu for any registrar either working or on a rostered day off. If on annual leave, that day will not be debited from your leave balance. Waitangi Day and Anzac Day are not counted as public holidays when they fall on a Saturday or Sunday.
- Shift allowances six month runs accumulate three extra days of leave. We request Payroll to credit this at the end of each run so you don't have to fill out a shift leave form.

Section 6: Guidelines for Leave

- Six weeks notice of leave requests is requested to give time to re-organise the roster and publish amendments with the required 28 days notice. To ensure safe patient care, minimise trainee fatigue and ensure compliance with the MECA.
- Because of the need for experience and hands on care, general relievers are inappropriate for PICU and the roster is either covered internally or by experienced locums.
- For a six month time period, annual leave entitlement is 11 days. Statutory days vary from 4.5 to 5.5. and in addition, the shift roster entitles you to an extra 3 days of leave = 18.5 days on average.
- More than three weeks leave in a six month time period makes life stressful for other registrars particularly if this is consecutive or involves a lot of weekends.
- It is preferred that only two registrars be on leave at any one time. More than two registrars on leave simultaneously puts unreasonable stress on the other registrars.
- Study and conference leave will be given as per RDA contract.
- Sick leave or special circumstances should be notified to Director PICU or on call consultant as soon as possible.

Section 7: Hours and Salary Category

Average Working Hours		Service Commitments
Rostered Hours	41.19	
Unrostered Hours To be confirmed by a run review	TBC	
Total average weekly hours	41.19	

Salary The salary for this attachment is calculated at a Category E however the minimum of a Category **C** and a Category **A** will apply as this is a shift roster.