

# RUN DESCRIPTION

<b>POSITION:</b>	Registrar
<b>DEPARTMENT:</b>	Cardiovascular Intensive Care
<b>PLACE OF WORK:</b>	Auckland Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director CVICU
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of CVICU, including pre- and post-operatively.
<b>RUN RECOGNITION:</b>	This run is recognised by the Australian and New Zealand College of Anaesthetists as a training position for specialist qualification
<b>RUN PERIOD:</b>	3-6 months

## Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>• General care of patients in the Cardiovascular Intensive Care and High Dependency units.</li> <li>• Resuscitation and acute management of patients requiring code red/blue calls on level 3 and 4 or elsewhere (Including Cardiothoracic, Vascular and Cardiology).</li> <li>• Work closely with medical specialists and other clinical staff in the provision of multidisciplinary care.</li> <li>• Undertake diagnostic and treatment procedures appropriate to the subspecialty</li> <li>• Maintain a high standard of communication with patients, patients' families and staff</li> <li>• Attend hand-over, ward rounds, team and departmental meetings as required</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with time/date, printed name and locator number legibly recorded.</li> <li>• Be responsible for certifying death and complete appropriate documentation</li> <li>• At the direction of the Clinical Director or other specialist, assist with research &amp; audit in order to enhance the performance of the Service.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:               <ol style="list-style-type: none"> <li>1. <i>“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.”</i></li> <li>2. <i>“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.</i></li> </ol> </li> </ul>

## **Section 2: Training and Education**

<i>Nature</i>	<i>Details</i>
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"> <li>• Orientation at the beginning of the run</li> <li>• Attendance at the weekly CME for medical staff</li> <li>• 3 hrs/week paid private study time</li> </ul>
<p><i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested</i></p>	

## **Section 3: Cover:**

<i>Other Resident and Specialist Cover</i>
<ul style="list-style-type: none"> <li>• Specialist cover is provided by designated CVICU specialists</li> <li>• Rosters are produced in advance as per Multi Employer Collective Agreement. Every effort is made to accommodate leave requests, but at peak holiday/exam times some flexibility will be required.</li> <li>• As this run often provides the only opportunity for training in Cardiothoracic Intensive Care, it is suggested that Registrars take into account the potential training implications of any leave requests.</li> </ul>

## Section 4: Roster

RMO 1	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13	WK 14
M	SD	N	Relief	LD	SD (O)	LD	Relief	T	T	T	T	N	T	T
T	SD	X	Relief	LD	LD	X	Relief	X	X	X	X	N	SD	N
W	X	X	Relief	SD	X	SD	Relief	N	LD	X	X	X	LD	N
T	X	X	Relief	SD	X	Relief	Relief	N	LD	SD	X	X	LD	N
F	N	X	Relief	SD	SD	X	Relief	N	LD	LD	X	X	X	X
S	N	LD	X	X	LD	X	X	X	X	LD	N	X	X	X
S	N	LD	X	X	LD	X	X	X	X	LD	N	X	X	X

**SD** 0800-1600 (Discharge round and odd jobs)

**Rel** 1400-2200 (Evening relief: sick-leave cover if LD sick, otherwise personal study time/theatre time/research)

**LD** 0800-2030 (Long day)

**T** 0800-1200 (Teaching)

**R** Relieving/Annual leave/Personal study time/Theatre time/ECHO/Research/Audit

**N** 2000-0800 (Nightshift)

*Details*

There is a full rotating shift system in operation. This roster contains Senior Fellows, Fellows, Registrars and Senior House Officers. However, the nature and timing of the Senior House Officers contribution will depend on their previous experience and progress in the run. The Senior House Officers will not be rostered to duties alone in the service.

**Sleep provision:**

It is expected that the Registrars will have an opportunity to sleep when rostered on nights. They are encouraged to arrange with their night colleague a plan to enable equal periods of sleep, once essential jobs have been done and the unit is stable. There is dedicated room provided for the registrars for this purpose with a single bed and linen available.

## Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> <li>At the outset of the run meet with their Supervisor of Training to discuss goals and expectations for the run, review and assessment times, and one on one teaching time</li> <li>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Supervisor of Training and if necessary the Clinical Director or their nominee.</li> </ul>	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> <li>An initial meeting between the Supervisor of Training and Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time</li> <li>An interim assessment report on the Registrar three <b>(3)</b> months into the run, after discussion between the Registrar and the Supervisor of Training responsible for them</li> <li>The opportunity to discuss any deficiencies identified during the attachment. The Supervisor of Training responsible for the Registrar will bring these to the Registrar's attention, and discuss and implement a plan of action to correct them</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>A Mentor will be assigned to allow another means of communication and advocacy</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	<ul style="list-style-type: none"> <li>The Service will be responsible for the preparation of rosters with assistance from the RMO Support Unit.</li> </ul>
Rostered additional hours (inc. nights, weekends & long days)	1.07	
Private study time	3.00	
Unrostered Hours	0.54	
Total hours per week	44.61	

**Salary:** The salary for this attachment is calculated to be a Category **E** (paid minimum of a **C**); however it will continue to be remunerated at a Category **B**.