

## **RUN DESCRIPTION**

<b>POSITION:</b>	Adult General Rehabilitation Registrar 1
<b>DEPARTMENT:</b>	Adult Rehabilitation and Health of Older People
<b>PLACE OF WORK:</b>	Adult General Rehabilitation (Ward 23, Middlemore Hospital)
<b>RESPONSIBLE TO:</b>	ARHOP General Manager and Clinical Director, Service Manager and Clinical Head through their supervising Consultants.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital and community based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Rehabilitation Medicine Senior Medical Officers
<b>RUN RECOGNITION:</b>	This run is recognised by the AFRM (Australasian Faculty of Rehabilitation Medicine) and Australasian College of Physicians as a training position for specialist qualification in Rehabilitation Medicine and Geriatric Medicine
<b>RUN PERIOD:</b>	6 months

### **Section 1: Registrar's Responsibilities**

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>This registrar in this position works with the Adult Rehabilitation Consultants in management of the rehabilitation patients on Ward 23, Middlemore Hospital.</li> <li>The Registrar will ensure that all inpatients are reviewed and discussed with the consultant and the interdisciplinary team including nursing staff, and are seen daily during the week and as required. Some of these duties may be delegated at appropriate times to the House Officer. Both the Adult Rehab service teams have assigned house officers who work with the registrar and one consultant.</li> <li>The Registrar will be available to attend consultant ward rounds and will have a current knowledge of the progress of inpatients under their care. The Registrar is also expected to perform an independent weekly ward round along with the house officer and report back to the Consultant for advice.</li> <li>The Registrar will answer calls from GP's, consultants and patients in the community and arrange to assess patients if necessary. This rarely may include seeing referrals at other hospitals in the Auckland region.</li> <li>The Registrar will attend rostered outpatient clinics at Counties Manukau Health, under supervision and will endeavour to see outpatients at their scheduled appointment times.</li> </ul>

	<ul style="list-style-type: none"> <li>• Clinical skills, judgement, knowledge and a holistic patient-centred, goal-centred approach of rehabilitation are expected to improve during the attachment.</li> <li>• The Registrar is expected to attend weekly interdisciplinary (IDT) case conferences, and run family and other team meetings in Ward 23</li> <li>• Minor surgical procedures as well as injection techniques may be performed under consultant supervision as indicated.</li> <li>• The Registrar is expected to provide help to his/her colleagues in the Adult Rehab and Health of Older People (ARHOP) Department if required, during busy periods.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• The Registrar and house officer are responsible for timely completion of the electronic discharge letter on discharge or death of each patient, recording principal and secondary diagnoses and treatment and procedures performed.</li> <li>• The Registrar is also responsible for the completion of death certificates for patients who have been under their care - this may be delegated to the house officer.</li> <li>• The Registrar will be expected to participate in quality assurance/clinical governance programmes within rehabilitation services and, in particular, will be responsible for completion of a mortality audit case review of patients dying under his/her care and presenting this to the consultant.</li> <li>• A letter will be written to the patient's GP after each outpatient visit. The results of all investigations will be sighted and signed, and if necessary acted on before they are entered into the patient's chart.</li> <li>• Every new admission will have the resuscitation status clearly documented, after discussion with the patient or the patient's POA, and signed by the registrar on the appropriate forms in accordance with clinical board policy. When unsure the case will be discussed with the supervising consultant.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>1) "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>2) "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> </ol> </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 (by phone) to which the registrar is clinically responsible in the absent duty</li> <li>• As an RMO working at CMDHB you will be provided with a Clinical Portal login, a CMDHB email account and a phone which will be used for all work related communication. It is your responsibility to ensure you check email and text messages regularly.</li> </ul>

## Section 2: Time Table

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0830-915 Rehab Triage  0915 – 1200 AR Blue Consultant Rounds	0830-915 Rehab Triage  Ward Work  Referrals  Ward procedures	0830-915 Rehab Triage  Registrar ward rounds  Blue team family meetings /  Stroke MDT meeting	0830-915 Rehab Triage  Blue team rounds	0800 - 0900 Rehabilitation Medicine Teaching via teleconference / ARHOP radiology (8.30 – 9.15) 1:1 meeting with consultant  Ward Work
		Stroke radiology meeting as required/possible	1200-1300 ARHOP Teaching	1215-1315 Grand Rounds	
p.m.	1300-1430 Blue team IDT meeting  Consultant discussion	Referrals Consultant discussion	Referrals  Consultant discussion	Outpatient clinics /  Blue team family meetings	Spill-over family meetings  Registrar & House Officer rounds/ ward work/ Weekend plan / handover
		First Tuesday of every month Rehabilitation Medicine Journal Club 5:30-7:00pm	Last Wednesday of every month Bi-National AFRM Teaching 5-7pm		

Triage, referral discussions, ward rounds and clinic case discussions are frequently associated with informal & opportunistic micro-teaching

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

There is a minimum of 2 hours per week medical learning, which includes the weekly tutorial, journal club and pathology session.

<i>Education</i>
On occasion, the Registrar may be requested to teach patients and their family, nursing staff, allied health and medical students and participate in departmental teaching sessions. There will be a minimum of 4 hours of educational sessions per week which includes specialist AFRM Registrar training at a number of sites, weekly Radiology Meeting, weekly Medical Grand Rounds at Middlemore Hospital, attendance at the monthly bi-national AFRM video/teleconference, and other relevant meetings when clinical duties allow within the Auckland region as well as self-directed learning.
The registrar will be encouraged and supported to attend formal training sessions of the AFRM held in New Zealand whenever possible. This may extend to attendance at national conferences and teaching sessions and conferences in Australia with relevance to the field of Rehabilitation Medicine as part of their training requirement.
<i>Research</i>
A research project or document audit may be undertaken during the attachment subject to approval by the Clinical Heads of Rehabilitation and/or Health of Older People.

### Section 3: Roster

<i>Roster</i>
<p>The normal hours of work are from 0800 to 1630, Monday to Friday. In addition, the Registrar will participate in the Auckland Spinal Rehabilitation Unit (ASRU) weekend and after hours On-Call roster on a 1:3 to 1:4 frequency, depending on staffing (Mon – Fri 1630 – 0800 (next day), Sat / Sun /public holidays -24 hr On-call cover). Reimbursement is given for phone consultations, call backs to ASRU and mileage.</p> <p>A supervising rehabilitation medicine consultant is always available for telephone consultation during call.</p>

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>The service must provide internal cover for any absence from work; for planned annual leave as well as study and sick leave. Leave cover is arranged on a "first come first served" basis and applications for annual leave/study leave should be submitted as early as possible to provide the service and consultant reasonable notice to ensure coverage. Covers for annual leave will be negotiated prior to leave being approved.</p> <p>All leave and sick absence is covered within the Department.</p> <p>MECA provisions related to employee consent to cross cover apply.</p>

### 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 designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time;</li><li>• Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them;</li><li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li><li>• Sight and sign the final assessment report provided by the service.</li></ul>	<p><i>The service will provide;</i></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, and one on one teaching time;</li><li>• An interim assessment report on the Registrar six (6) weeks 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;</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></ul>

## Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (I incl 30 mins Mon-Fri)	2.5	
All other unrostered hours (To be confirmed by a run review)	TBC	
Total hours per week	42.50	

**Salary** The salary for this attachment will be as detailed in an **E** Run Category plus On Call Arrangements and Call-in as required.

Total hours fall above the middle of the salary band, therefore the run will be remunerated as a E run category until the unrostered hours can be confirmed by a run review.