RUN DESCRIPTION



| POSITION: | Senior Registrar |
|---------------------------|---|
| | |
| DEPARTMENT: | Paediatric Intensive Care Unit (PICU), Starship Children's Hospital |
| | |
| PLACE OF WORK: | Auckland City Hospital |
| | |
| RESPONSIBLE TO: | Clinical Director, PICU, through the on-call Consultant |
| | |
| FUNCTIONAL RELATIONSHIPS: | Nursing staff PICU, all Starship Clinical Teams, Intensive Care and Paediatric Services |
| FONCTIONAL RELATIONSHIPS. | throughout the country, Transport personnel, patients and their families |
| | |
| PRIMARY OBJECTIVE: | Effective clinical care of critically ill children. |
| | |
| | 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 |
| RUN RECOGNITION: | 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. |
| | |
| RUN PERIOD: | 6 or 12 months |

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 a part of the PICU registrar role however not required. All transports are discussed with the on-call Consultant and interested registrars are assigned only when there is appropriate clinical experience 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. |

| Area | Responsibilities |
|------|---|
| | 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

Two roster templates are applicable to this run and the Service will implement the appropriate roster of either 16 FTE or 18 FTE at the time of publication which will remain in place for the run.

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:

| 16 FTE | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--------|-----|------|-----|-------|-----|-----|-----|
| 1 | Р | Р | Ν | N | | | |
| 2 | | | | Т | Р | Р | Р |
| 3 | | | | | | Т | Т |
| 4 | Α | Α | S | | | | |
| 5 | N | N | Р | Р | | | |
| 6 | Т | S | | | N | N | N |
| 7 | | | | S | А | Α | А |
| 8 | | | Т | S | Т | | |
| 9 | Α | А | А | А | | | |
| 10 | S | Т | | | Р | Р | Р |
| 11 | | | | S | А | Α | А |
| 12 | | | А | А | S | | |
| 13 | Р | Р | Р | Р | | | |
| 14 | R | R | R | R | R | R | R |
| 15 | R | R | R | R | R | R | R |
| 16 | R | R | R | R | R | | |

| | Р | 12.5 | Night | 1930-0800 |
|-----|---|------|-----------------|-----------|
| | N | 12 | Transport Night | 1930-0730 |
| ≿ | Т | 12.5 | Transport Day | 0730-2000 |
| KEY | А | 12.5 | Day | 0730-2000 |
| | S | 8 | Short Day | 0730-1530 |
| | R | | Relief | |

| Area | | | | | | | | |
|------|-----|-----|------|-----------------|----------|-----------|-----|-----|
| | | | | | | | | |
| | | | | | | | | |
| 18 | FTE | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| | 1 | S | S | | | Р | Р | Р |
| | 2 | | | | S | А | Α | А |
| | 3 | | | Т | Т | Т | | |
| | 4 | | Р | Р | Р | | | |
| | 5 | | | | | N | N | N |
| | 6 | | | | S | А | Α | А |
| | 7 | Т | | | S | S | | |
| | 8 | N | N | Р | Р | | | |
| | 9 | | Т | А | А | S | | |
| | 10 | | | | | Р | Р | Р |
| | 11 | Р | | | | | Т | Т |
| | 12 | А | А | S | | | | |
| | 13 | А | А | А | А | | | |
| | 14 | Р | Р | N | N | | | |
| | 15 | R | R | R | R | R | R | R |
| | 16 | R | R | R | R | R | R | R |
| | 17 | R | R | R | R | R | R | R |
| | 18 | R | R | R | R | R | | |
| | | | | | | | | |
| | | - | 42.5 | | -1-1 | 4030 0000 | 1 | |
| | | P | 12.5 | | ght | 1930-0800 | - | |
| | | N | 12 | Transport Night | | 1930-0730 | | |
| | KEY | T | 12.5 | | oort Day | 0730-2000 | - | |
| | _ | A | 12.5 | | ay | 0730-2000 | | |
| | | S | 8 | | rt Day | 0730-1530 | | |
| | | R | | Re | elief | | ļ | |

| Area | |
|-------------------|--|
| 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. |
| Cover | Leave is covered internally and incorporated into the roster to ensure registrars do similar numbers of shifts over the three month roster. |
| | To cover planned and unplanned leave - on the 16FTE roster template - 3 Registrars can be away at any one time. On the 18FTE roster template – 4 Registrars can be away at any one time. |

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 whether working or on a rostered day off, other than for Waitangi Day and Anzac Day if on rostered day off. If on annual leave, that day will not be debited from your leave balance.

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 SECAs.
- 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.
- All Leave and Public holiday/Alternative Holiday entitlements are as per your relevant collective agreement.
- 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.
- Sick leave or special circumstances should be notified to Director PICU or on call consultant as soon as possible.

Section 7a: Hours and Salary Category

| Average Working Hours – 16 I | FTE Roster | Service Commitments |
|---|------------|---------------------|
| Rostered Hours | 45.47 | |
| Unrostered Hours To be confirmed by a run review | 2.50 | |
| Total average weekly hours | 47.97 | |

Salary The salary for this attachment is calculated at a Category E however the minimum of a Category C will apply as this is a shift roster. Category A will be applied when the RMO rotates into relief.

Section 7b: Hours and Salary Category

| Average Working Hours – 18 F | TE Roster | Service Commitments |
|---|-----------|---------------------|
| Rostered Hours | 43.64 | |
| Unrostered Hours To be confirmed by a run review | 2.50 | |
| Total average weekly hours | 46.14 | |

Salary The salary for this attachment is calculated at a Category E however the minimum of a Category C will apply as this is a shift roster. Category A will be applied when the RMO rotates into relief.