

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Department of Critical Care Medicine
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Overall responsible to the Service Clinical Director, DCCM Responsible to the Duty Intensivist for the performance of day-to-day clinical duties
FUNCTIONAL RELATIONSHIPS:	DCCM patients, intensivists, nurses, nurse practitioners and Allied health team. Auckland City Hospital patients and clinical teams outside of DCCM. Patient at Risk team members. Auckland City Hospital patients and healthcare workers outside of DCCM
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Department of Critical Care Medicine and to contribute to the management of critically
RUN RECOGNITION:	Registrar posts in the DCCM are recognised for training for specialist qualifications in the following programmes: <ul style="list-style-type: none">•ANZCA training in Anaesthesia•RACP training in Internal Medicine•ACEM training in Emergency Medicine•CICM training in Intensive Care
RUN PERIOD:	6 months rotations

Section 1: Registrar's Responsibilities

Area	Responsibilities
Clinical Duties	<ul style="list-style-type: none"> • DCCM runs two clinical pods. Registrars are allocated either to a pod ('Red' registrar or 'Blue' registrar) or to out of unit work ('Yellow' referrals registrar). • It is expected that all three registrars will be flexible and collegial and contribute to helping where the clinical workload is high. It is expected that high clinical workload is escalated to the duty intensivist. • Day shift 'Red' and 'Blue' pod registrar • Care for patients already in the DCCM and admission of new patients including acute admissions, planned care and transfers from other hospitals/regions. • Ensure clear handover of patients at the afternoon ward round (1600) and handover of patients to the night registrar team (2000) • Facilitate patient medical care in conjunction with the Duty Intensivist. • Ensuring that the 'plans of the day' are arranged and completed. • Ensure that the results of investigations are accepted and appropriately acted upon. • General clinical duties include assessing patients, responding to nursing queries and concerns, meeting with visiting teams and coordinating care for the patient • Communicating with patients and their families, attending family meetings with the duty intensivist • Informing the duty Intensivist updated of changes in patients conditions. • Work collaboratively and collegially with the nurse practitioner • Day shift 'Yellow' referrals registrar • In addition to out of unit work detailed in the next section, the referrals registrar is involved in the transport of patients from DCCM to radiology for investigations, or out of the unit for psychological wellbeing in the longstay patient. • Night shift. • Three registrars are rostered to the night shift with the same responsibilities as during the day shift. • The night registrars present the patients at the 0800-team handover meeting • The impact of fatigue at night is recognised. There is a sleeping space in the registrar room. The night registrars are encouraged to schedule naps (optimal nap duration on night shift is 20-30mins). There should always be a registrar on the floor. The resting registrar should ensure the charge nurse is aware that they are resting. • Night shift registrars should ensure that they are able to get home safely. If fatigue means this is not the case, they should collect Taxi chits from the IOC duty manager (Integrated Operations Centre) <p>Primary responsibility for out of unit work sits with the 'Yellow' referrals registrar. It is expected that all three registrars will be flexible and collegial and contribute to helping where the clinical work load is high. It is expected that high clinical work load is escalated to the duty intensivist.</p> <p>Attendance by the 'Yellow' referrals registrar at the start of shift huddle with the Patient at Risk team at 0830 and 2030 in the DCCM</p> <p>Attendance at emergency calls across the hospital including:</p> <ol style="list-style-type: none"> 1. Medical emergency calls across the hospital (excepting calls on ward 42 and Coronary Care Unit which are attended by the CVICU registrar)

<i>Area</i>	<i>Responsibilities</i>
	<p>2. Medical emergency, Trauma and Code Crimson calls in the Emergency department</p> <p>Review of patients referred to the DCCM from any site in the hospital.</p> <p>Discussion of patients reviewed at codes referred with the duty intensivist in a timely manner.</p> <p>Contribute to patient care and management in a collaborative and collegial manner.</p> <p>When workload does not permit attendance at codes, escalate to the CVICU registrar. When workload does not allow timely review of referred patients escalate to the on duty intensivist,</p> <p>Discussion with the Charge Nurses about expected admissions at the earliest opportunity</p>
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation of patient care orders • Responsible for maintaining a satisfactory standard of documentation including patient admission, progress, significant events, and transfer or discharge in the clinical record • Communication with primary teams about clinical plans and patient transfer • Be responsible for timely completion of ACC forms, • Be responsible for certifying death and completing associated documentation

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Orientation	Protected orientation, including procedural training where required, is provided first three days of the run
Education	<p>The education programme includes a weekly DCCM medical education session on Thursday afternoon 1330 – 1530h. This is protected teaching time for registrars rostered on duty and is paid time for others. Attendance is expected unless on leave or nights.</p> <p>Daily 'clinical pearls' teaching is held for 15-20 mins at 1330 three times/week. On the other days we have a brief in unit simulation session (20 – 30 minutes) or our medical education session.</p> <p>There is regular multidisciplinary simulation – each registrar will be allocated to at least one session during their six-month run. This is counted as a shift for rostering purposes.</p> <p>DCCM journal club and morbidity and mortality meetings are held on selected Wednesdays at 1230 and attendance is encouraged.</p> <p>Registrars may contribute to audit, research, and quality projects by mutual agreement.</p> <p>Registrars completing their formal project for fellowship of the College of Intensive Care Medicine are supported.</p> <p>Registrars is expected to contribute to the education of nurses, nurse practitioners, allied health team members and medical students when requested.</p>

Section 3: Roster

<i>Roster</i>							
Hours of Work							
Day shifts Night shifts							
Short day shifts (S)							
Short Notice Relief (SNR)							
0800 - 2030 (includes handover)							
2000 – 0830 (includes handover)							
0800 – 1700 Mon – Fri							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	N	N	N	N	-	-	-
Week 2	ANL/S/SN	ANL/S/SN	ANL/S/SNR	ANL/S/SN	ANL/S/SN	ANL/SNR	ANL/SN
Week 3	-	-	-	N	N	N	N
Week 4	-	-	-	D	D	D	D
Week 5	-	-	D	D	-	-	-
Week 6	D	D	-	-	N	N	N
Week 7	-	-	-	-	D	D	D
Week 8	ANL/S/SN	ANL/S/SN	ANL/S/SNR	ANL/S/SN	ANL/S/SN	ANL/SNR	ANL/SN
Week 9	N	N	N	-	-	-	-
Week 10	D	D	D	-	-	-	-

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Specialist intensivists provide 24 hour 7 day cover on a rostered system. A Duty Intensivist is either at the work place or immediately available by phone and able to return to the hospital immediately on receipt of a call. There is a second intensivist rostered as backup in case of emergency or difficulty accessing the Duty Intensivist. A Fellow in Critical Care Medicine also works in a junior specialist capacity. There is no house officer.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will;</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their intensivist mentor to discuss goals, anticipated challenges and strategies to foster resilience. • At the outset of the run meet with their allocated Supervisor of Training to discuss goals and expectations for the run • After any assessment that identifies areas for improvement or development contribute to developing and enacting a plan of action in consultation the Supervisors of Training, their mentor and the other intensivists as relevant 	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> • An intensivist mentor to discuss goals, anticipated challenges and strategies to foster resilience • A supervisor of training to discuss goals and expectations for the run • An interim assessment with the Supervisor of Training approximately three months into the run • The opportunity to discuss and address any areas for improvement and development identifies during the attachment including contributing to the development of a supported action plan. • 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

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40</p> <p>Rostered additional hours (inc. nights, weekends & long days) 3.8</p> <p>All other unrostered hours 2</p> <p>Total hours per week 45.8</p>	<p>The Service will be responsible for the preparation of any Rosters.</p>

Salary: The salary for this attachment is estimated to be a category **E** (paid a minimum of a C). Relief duties will be remunerated at an **A** category.