



## **RUN DESCRIPTION**

|                                  |   |
|----------------------------------|---|
| <b>POSITION:</b>                 | Registrar   |
| <b>DEPARTMENT:</b>               | Anaesthesia   |
| <b>PLACE OF WORK:</b>            | Auckland City Hospital Operating Rooms  |
| <b>RESPONSIBLE TO:</b>           | Director of Anaesthesia & Operating Rooms through the Clinical Director or nominated Consultant                                       |
| <b>FUNCTIONAL RELATIONSHIPS:</b> | Healthcare consumer, patients, Hospital and community based healthcare workers  |
| <b>PRIMARY OBJECTIVE:</b>        | To facilitate the pre-operative and post-operative management of patients under the care of ADHB.                                     |
| <b>RUN RECOGNITION:</b>          | This run is recognized by the Australian and New Zealand College of Anaesthetists as a training position for specialist qualification |
| <b>RUN DURATION</b>              | 4, 8 or 12 months   |

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

| <i>Area</i>    | <i>Responsibilities</i>   |
|----------------|---|
| <b>General</b> | <ul style="list-style-type: none"> <li>• Pre-operative assessment of elective surgical patients</li> <li>• Provision of appropriate anaesthesia for elective and acute patients under the direct or indirect supervision of the Anaesthesia Co-ordinator or Consultant anaesthetist on- call. This includes Endoscopy, Radiology, Coronary Care Unit, Obstetric HDU, Labour and Delivery Unit, High dependency areas, Emergency Department, and Intensive Care services (CVICU and DCCM).</li> <li>• The Registrar will be expected to work in operating rooms in Auckland City Hospital and the Greenlane Clinical Centre short stay surgical unit.</li> <li>• Post-operative visits as deemed necessary • Work closely with medical specialists and surgeons in provision of assessment and investigations of new patients and follow-ups in outpatient clinics.</li> </ul> |

ADHB Anaesthesia Registrar Run Description - Level 8 & 9 Effective 13 December 2010

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| Area                  | Responsibilities  |
|-----------------------|---|
|                       | <ul style="list-style-type: none"> <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>• Inform consultants of the status of patients especially if there is an unexpected event. All ASA 3 patients should be discussed with a consultant.</li> <li>• Attend hand-over, team and departmental meetings as required</li> </ul>  |
| <b>Outpatients</b>    | <ul style="list-style-type: none"> <li>• Assess and manage patients referred to outpatient clinics and run the clinics on behalf of senior staff where appropriate</li> <li>• Communicate with referring person following patient attendance at clinics.</li> <li>• Arrange outpatients investigations</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 a printed name and locator number legibly recorded. A correctly filled in anaesthetic chart should be filled out for every anaesthetic</li> <li>• At the direction of the Clinical Director, assist with operational research &amp; audit in order to enhance the performance of the Service</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. <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> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty</li> <li>• As an RMO working at ADHB you will provided with a Concerto login and ADHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly</li> </ul> |

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## Section 2: Training and Education

| <i>Training and Education</i>   |   |
|---|---|
| <b>Protected Time</b>   | <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> <p>Orientation at the beginning of the run</p> <p>Part 1 candidates: one 1/2 day per week protected teaching (Part 1 course)</p> <p>Part 2 candidates: one 1/2 day per week protected teaching (Part 2 course)</p> <p>Senior registrars: one 1/2 day per week non-clinical time</p> <p>Participate in weekly didactic obstetric anaesthesia lectures.</p> |
| <p><i>The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested</i></p> |   |

## Section 3: Roster

| <i>Roster</i>  |
|--|
| <p>Registrars' normal hours of work are 0800-1700. The Registrar will participate in a combined level 8 and 9 Anesthesia after hours roster. There will be a long day once or twice a week, from 0800-2230. A weekend duty is comprised of two long days, 0800-2230. There are no long days worked either side of the weekend. Rarely a registrar will be required to stay after 2230 due to emergency case over-runs and there are a number of unrostered hours included in the run category to account for this. The night shifts run from 2200-0800 and are worked in a set of three or four.</p> <p>The nights and weekends are shared equally amongst the registrars participating in the roster.</p> <p>An evening session from 1600 to 2400, Monday to Friday, involves cover for the Post Anesthesia Care Unit, long-stay patients and ward pain problems OR as appropriate to level of experience. It is anticipated that cover will be allocated according to service requirements and appropriate skill level of the registrar.</p> |

## Section 4: Cover

| <i>Other Resident and Specialist Cover</i>  |
|---|
| <p>The roster will be provided 4 weeks in advance. At any time it will only be possible to provide cover for six registrars on leave of all types, including study and annual leave.</p> <p>The Registrar can be required to assist outside of their home theatre block when on night duty. The areas that they may be asked to facilitate in include but are not limited to; the Endoscopy Unit, Radiology, Emergency Department, the Coronary Care Unit, Obstetric HDU, Labour and Delivery Unit., High dependency areas, and Intensive Care services (CVICU and DCCM).</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 Supervisor of Training to discuss goals and expectations for the run, review and assessment times, and one on one teaching time</li> <li>• the registrar will bring their ITA forms and learning portfolio to the initial meeting with the SOT</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> <li>• provide feedback to the SOT on the educational experience of the run</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 mid-run assessment report on the Registrar 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<br>(Mon-Fri)                                      | 40    | <ul style="list-style-type: none"> <li>• The Service, together with the ARRMOS RMO Support will be responsible for the preparation of any Rosters.</li> </ul> |
| Rostered additional hours<br>(inc. nights, weekday long days) | 19.21 |   |
| All other unrostered hours                                    | 3     |   |
| Total hours per week  | 62.21 |   |

Salary: The salary for this attachment will be as detailed as a Category B run to be confirmed by a run review.

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**ANAESTHETIC ROSTER PLAN FOR OPERATING ROOMS Level 8 and 9**

|         | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---------|-----|-----|-----|-----|-----|-----|-----|
| Week 1  | N   | N   | N   | N   | z   | z   | x   |
| Week 2  | 8   | 8   | LD  | 8   | 8   | x   | x   |
| Week 3  | LD  | 8   | 8   | 8   | 8   | x   | x   |
| Week 4  | 8   | 8   | 8   | 8   | N   | N   | N   |
| Week 5  | z   | z   | 8   | LD  | 8   | x   | x   |
| Week 6  | 8   | 8   | 8   | 8   | LD  | x   | x   |
| Week 7  | 8   | LD  | 8   | 8   | 8   | x   | x   |
| Week 8  | E   | E   | E   | E   | E   | x   | x   |
| Week 9  | 8   | 8   | 8   | 8   | 8   | x   | x   |
| Week 10 | 8   | 8   | 8   | 8   | 8   | LD  | LD  |
| Week 11 | 8   | 8   | 8   | 8   | 8   | x   | x   |
| Week 12 | 8   | 8   | 8   | 8   | 8   | x   | x   |
| Week 13 | N   | N   | N   | N   | z   | z   | x   |
| Week 14 | 8   | 8   | LD  | 8   | 8   | x   | x   |
| Week 15 | LD  | 8   | 8   | 8   | 8   | x   | x   |
| Week 16 | 8   | 8   | 8   | 8   | N   | N   | N   |
| Week 17 | z   | z   | 8   | LD  | 8   | x   | x   |
| Week 18 | 8   | 8   | 8   | 8   | LD  | x   | x   |
| Week 19 | 8   | LD  | 8   | 8   | 8   | x   | x   |
| Week 20 | 8   | 8   | 8   | 8   | 8   | LD  | LD  |
| Week 21 | 8   | 8   | 8   | 8   | 8   | x   | x   |

| Key |                            |          |             |
|-----|----------------------------|----------|-------------|
| 8   | normal day                 | 9 hrs    | 0800 - 1700 |
| LD  | long day                   | 14.5 hrs | 0800 - 2230 |
| E   | evening shift              | 8 hrs    | 1600 - 2400 |
| N   | night shift                | 10 hrs   | 2200 - 0800 |
| z   | sleep day following nights | 0 hrs    |             |
| x   | rostered day off           | 0 hrs    |             |

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