



# RUN DESCRIPTION

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| <b>POSITION:</b>                 | <b>Junior Orthopaedic Registrar</b>  |
| <b>DEPARTMENT:</b>               | Orthopaedic Surgery  |
| <b>PLACE OF WORK:</b>            | Auckland Hospital/Greenlane Clinical Centre  |
| <b>RESPONSIBLE TO:</b>           | Clinical Director, Director of Trauma and Service Manager of Orthopaedics or a nominated Consultant Surgeon  |
| <b>FUNCTIONAL RELATIONSHIPS:</b> | Healthcare consumers and hospital based healthcare workers   |
| <b>PRIMARY OBJECTIVE:</b>        | To facilitate the management of patients under the care of Orthopaedics  |
| <b>RUN RECOGNITION:</b>          | This run is recognised by the Royal Australasian College of Surgeons as a training position for specialist qualification of basic surgical training. |
| <b>RUN PERIOD:</b>               | 6 months   |

## Section 1: Registrar's Responsibilities

| <i>Area</i>    | <i>Responsibilities</i>  |
|----------------|--|
| <b>General</b> | <ul style="list-style-type: none"> <li>Assess patients admitted to department of Trauma, particularly those requiring operative management. Undertake clinical responsibilities as directed by the consultant and organise relevant investigations, ensure the results are followed up, sighted and signed.</li> <li>Assess patients prior to surgery, ensuring that adequate examination has been undertaken that this had been adequately documented and that appropriate investigations have been performed.</li> <li>Attend operating theatre either performing the surgery alone or in attendance with a Consultant Orthopaedic Surgeon, or assisting or teaching Orthopaedic Registrars or House Surgeons.</li> <li>Liaise with House Surgeons and ensure that they are performing their duties to a required standard and are receiving adequate assistance.</li> <li>Attend patient handovers as appropriate particularly early morning and at end of long day shift. Also attend team and departmental meetings as required.</li> <li>Maintain a high standard of communication with patients, families and staff about patients' illnesses and treatment.</li> </ul> |

| <i>Area</i>           | <i>Responsibilities</i>  |
|-----------------------|--|
|                       | <ul style="list-style-type: none"> <li>• Inform consultants of the status of patients, especially if there is an unexpected event</li> </ul>   |
| <b>Admitting</b>      | <ul style="list-style-type: none"> <li>• Assess and admit orthopaedic patients referred by ED or from the community or from other units within Auckland hospital when required by the attached roster.</li> </ul>  |
| <b>Ward Review</b>    | <ul style="list-style-type: none"> <li>• Review patients in other wards when required by attached roster.</li> </ul>   |
| <b>Acute Call</b>     | <ul style="list-style-type: none"> <li>• When on acute call be available within hospital to attend calls as soon as possible.</li> <li>• Provide advice to and liaise with GP's and other hospital medical staff on orthopaedic matters;</li> <li>• Authorise patients to be transferred to and be seen by to the orthopaedic service when appropriate.</li> <li>• Liaise with Consultant and the Senior Registrar as required</li> </ul>  |
| <b>Inpatients</b>     | <ul style="list-style-type: none"> <li>• When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the Clinical Director and Director of Trauma.</li> <li>• Ensure images are available for ward rounds and inspection at other times as required.</li> <li>• Ensure relevant documents, e.g. discharge summary, including follow-up arrangements are despatched in a timely fashion as agreed by the Clinical Director and Director of Trauma.</li> <li>• Ensure management plans for patients are appropriately documented .</li> <li>• Arrange for appropriate cover of Team's patient when not on-call for evening and weekend by satisfactory handovers with other registrars.</li> <li>•</li> </ul>               |
| <b>Outpatients</b>    | <ul style="list-style-type: none"> <li>• Assess and manage patients referred to outpatient clinics with appropriate support from senior registrar and consultant as required.</li> <li>• Communicate with referring person following patient attendance at clinics. A letter to the patient's General Practitioner must be dictated after each outpatient visit.</li> </ul>  |
| <b>Administration</b> | <ul style="list-style-type: none"> <li>• Keep adequate and legible records in accordance with hospital requirements and good medical practice, including discharge summaries.</li> <li>• Make daily entries to Clinical Records and whenever changes are made to patient management. Such entries must always be signed and dated with a notation of the time of day.</li> <li>• Allocate one half day per week to discharge summaries and coding duties. Discharge summaries must be dictated within 48 hours of discharge and discharge coding and audit forms completed within two days of discharge.</li> <li>• Be responsible for certifying death and complete appropriate documentation.</li> <li>• At the direction of the Clinical Director and Director of Trauma, assist with operational research in order to enhance the performance of the Service.</li> </ul> |

| <i>Area</i> | <i>Responsibilities</i>   |
|-------------|---|
|             | <ul style="list-style-type: none"> <li>• Refer patient deaths to the Coroner's office.</li> <li>• Complete death certificates for patients who have been under the Registrar's care. This may be delegated to a House Officer</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> </ul> |

## Section 2: Weekly Schedule

Each Registrar will be responsible for attending the acute operating room with their Consultant and Senior Registrar one day per week. This day will in most instances be the day following the long day on acutes. Each Registrar will attend two outpatient clinics per week, one in association with the consultant. Cover from a senior registrar will be available.

## Section 3: Training and Education

| <i>Nature</i>   | <i>Details</i>   |
|---|--|
| Protected Time  | <p>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</p> <ul style="list-style-type: none"> <li>• Orientation at the beginning of the run</li> <li>• Orthopaedic Journal Club – 7.00pm weekly at a site to be nominated by the Consultant and Registrars responsible for the Journal Club.</li> <li>• 8.00-9.00am each Tuesday morning weekly Departmental Education and Audit Meetings – 4<sup>th</sup> Floor Lecture Theatre, Auckland Hospital.</li> <li>• Attendance Orthopaedic Academic Teaching – Half day each week according to published schedule of teaching activities.</li> <li>• Radiology Meeting 7.00-8.00am each Friday, 3<sup>rd</sup> Floor, Auckland Hospital</li> </ul> |
| <p>The Registrar is responsible for Post Graduate and Under Graduate Nurse Teaching and supervision of same and responsible for teaching Orthopaedic House Surgeons</p> |  |

## Section 4: Roster & Cover

| <i>Roster</i>  |                 |             |
|--|-----------------|-------------|
| <ul style="list-style-type: none"> <li>• There are 10 team registrars on this run.</li> <li>• Cover for the duties of the Registrar on leave or night duty is provided by Embedded Relief. To note, 3 Registrar positions have been embedded into the roster to provide this cover.</li> <li>• Each Registrar will be responsible for taking acute calls from ED, GP and hospital calls, when rostered to acute call and/or rostered to work nights, or a long day.</li> <li>• The registrars will work two or more period of nights during the run.</li> <li>• The Registrars will work on call duties at an average 1:10.</li> </ul> |                 |             |
| Ordinary Hours   | Monday - Friday | 0730-1600   |
| Acute Call Long day duty   | Monday - Sunday | 0730-2200   |
| Night duty   | Monday - Sunday | 2130-0730   |
| Post acute ward rounds   | Weekend         | 0730-1200   |
| Public holiday ward rounds   | Public Holidays | 0730 - 1200 |

| <i>Other Resident and Specialist Cover</i>   |
|--|
| <ul style="list-style-type: none"> <li>• The Junior Orthopaedic Registrar on acute call will be responsible for orthopaedic duties only.</li> <li>• They will be responsible for supervision of House Officers performing outpatient duties.</li> <li>• They will be responsible for reporting to Orthopaedic Senior Registrar as required.</li> </ul> |

## Section 5: Performance appraisal

| <i>Registrar</i>   | <i>Service</i>   |
|--|--|
| <p>The Registrar will:</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 teaching.</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li> </ul> | <p>The service will provide,</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 teaching.</li> <li>• An interim assessment of the Registrar three <b>(3)</b> months 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

| <i>Average Working Hours</i>                                     |       | <i>Service Commitments</i>  |
|--|-------|---|
| Basic hours<br>(Mon-Fri)   | 40.00 | <ul style="list-style-type: none"><li>The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.</li></ul> |
| Rostered additional hours<br>(inc. nights, weekends & long days) | 15.55 |   |
| All other unrostered hours                                       | TBC   |   |
| Total hours per week   | 55.55 |   |

### **Salary**

The salary for this attachment is estimated at a B run category.

The total hours fall within a run category of a C, however it is expected that the roster has on average over 8 unrostered hours per week, therefore the run category will be remunerated at a B until confirmed by a run review.

### **Weekend Ward Rounds**

Weekend post acute ward rounds are captured in the rostered additional hours of the run category.

Any additional weekend ward rounds are captured in the unrostered hours of the run category.

### **Public Holiday Ward Rounds**

Public Holiday ward rounds are considered ordinary hours, however Registrars will be remunerated in line with the Holidays act.