

RUN DESCRIPTION

POSITION:	Research Fellow – Haematology
DEPARTMENT:	Division of Medicine (Haematology)
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites
RESPONSIBLE TO:	Service Manager, Department of Haematology and Clinical Director, Medicine, through the Clinical Head – Haematology
FUNCTIONAL RELATIONSHIPS:	Hospital and community-based health care workers Patients including those in clinical trials
PRIMARY OBJECTIVE:	1) To undertake research 2) To participate and facilitate the management of patients under the care of the Division of Medicine (sub-specialty Haematology)
RUN RECOGNITION:	This run is recognised by the RACP and the RCPA as a training position for specialist qualification (JSAC accredited).
RUN PERIOD:	6 months

Section 1: Fellow's Responsibilities

Area	Responsibilities
Clinical Duties	<ul style="list-style-type: none"> Participate in new and follow up Haematology outpatient clinics (number of sessions to be negotiated but probably 3 or 2 + other duties). Assist with other relevant clinical tasks as directed, in particular review of ward referrals and acute outpatient assessments. Assist with clinical duties and procedures of the Haematology Registrar and support the Haematology House Officer as required. The Registrar will maintain a high standard of communication with patients, patients' families and staff. Attend regular departmental meetings as appropriate (eg multidisciplinary case conference, teaching sessions and research meetings). The Research Fellow is expected to cover the Haematology Registrar when he/she is on leave or unwell. Direct clinical contact time (non research clinics, procedure lists) to be no greater than 4 half day sessions per week. Clinical skills, judgement and knowledge are expected to improve during the

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Area	Responsibilities
	<p>attachment.</p> <ul style="list-style-type: none"> • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • The registrar is responsible for the completion of death certificates for patients who have been under their care, although this may be delegated to another staff member including the House Officer. • The registrar will be expected to participate in audit programmes within the Division of Medicine/Haematology and, in particular, will be responsible for completion of a mortality audit form for each patient dying under his/her care and presenting this to the Consultant. • A letter will be dictated to the patient's GP after each outpatient visit. This will accurately record active problems, current medications, allergies, relevant results, and a clear management plan/follow up arrangements • The results of all investigations will be sighted and signed electronically. The responsibility for results relating to inpatients may be shared with the team House Officer. The Registrar will refer any results to the Consultant where there is uncertainty about the significance of the result. • The Research Fellow is expected to attend the weekly Medical Division Clinical Meeting and to present at that meeting as requested. The Research Fellow will be encouraged to present results when appropriate to the Science Fest, The Division of Medicine Research meeting, Blood Club and/or HSANZ. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 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." 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." • 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 to which the registrar is clinically responsible in the absent duty • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly

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Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.		1145 – Radiology Conference		1145 – General Medicine Journal Club	
p.m.					12.15 – Medical Grand Round

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

Other teaching is available depending on the sub-speciality of interest. Please refer to Southnet for days and times.

<i>Education</i>
To attend the relevant specialty Case Conferences and CME activities (Education Meetings, journal club etc) at Middlemore and Auckland City Hospitals.
<i>Research</i>
To undertake research projects (academic and pharmaceutical) in consultation with the Clinical Head – Haematology.
<i>Teaching</i>
To assist in teaching House Officers, Registrars, fifth year medical students, and other health workers as requested.

Section 3: Roster

<i>Roster</i>
In addition to the time tabled weekly duties, the Research Fellow will be required to contribute to after hours call, (to be claimed separately) no more frequent than 1:5 weekends (Sat/Sun 0800 – 1800) or weekend nights (Fri/Sat 2200 – 0800 call for Internal Medicine). This is at the discretion of the Clinical Director of Medicine

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.

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Section 5: Performance appraisal

<i>Fellow</i>	<i>Service</i>
<p><i>The Fellow will;</i></p> <ul style="list-style-type: none"> • 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; • Ensure a mid run assessment is completed after discussion between the Fellow and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service. 	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and Fellow to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • An interim assessment report on the Fellow six (6) weeks into the run, after discussion between the Fellow and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Fellow will bring these to the Fellow's attention, and discuss and implement a plan of action to correct them; • A final assessment report on the Fellow at the end of the run, a copy of which is to be sighted and signed by the Fellow.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Research	24.0	The Service will be responsible for the preparation of any Rosters.
Clinical Work	16.0	
Nights or Weekend (Medicine Roster)	5.0	
Unrostered call back	5.0	
Total hours per week	50.0	

Salary The salary for this attachment will be as detailed in a **D** Run Category.