

RUN DESCRIPTION

POSITION:	Research Fellow – Diabetes
DEPARTMENT:	Division of Medicine (Diabetes/ Endocrinology)
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising consultant(s) and the Clinical Head – Diabetes/Endocrinology
FUNCTIONAL RELATIONSHIPS:	Health Care Consumers Hospital and community-based health care workers Research subjects
PRIMARY OBJECTIVE:	To undertake research and facilitate the management of patients under the care of the Division of Medicine (Sub- specialty Diabetes /Endocrinology).
RUN RECOGNITION:	This run is eligible for recognition as part of an appropriate training program for specialist qualification.
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 Diabetes outpatient clinics (number of sessions to be negotiated). Assist with other relevant clinical tasks as required, in particular review of ward referrals and acute outpatient assessments. Assist with clinical duties and procedures of the Diabetes Registrar and support the House Officer as required. The Registrar will maintain a high standard of communication with patients, patients' families and staff. Attend regular department meetings (eg. radiology case conference, teaching sessions, multidisciplinary and research meetings) The Research Fellow is expected to cover the Diabetes Registrar when he/she is on leave or unwell within their normal contracted hours. In addition, the Fellow is required to provide some Internal Medicine cover on Wednesday afternoons to allow Registrars to participate in teaching sessions.

Area	Responsibilities
	<ul style="list-style-type: none"> • Direct clinical contact time (non research clinics, procedure lists) to be no greater than 4 half day sessions on average per week. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • 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 a House Officer. • The Registrar will be expected to participate in audit programmes within the Division of Medicine 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. • 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 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. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul 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

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 (Specialty 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 – Diabetes / Endocrinology.
<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 weekday duties, the Research Fellow will be required to contribute to after hours call. No more frequent than 1:4 weekends (Sat/Sun 0800 – 1800) or weekend nights (Fri/Sat 2200 – 0800 call for Internal Medicine). This is rostered 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.

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	
All other unrostered hours	5.0	
Total hours per week	50.0	

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