



# RUN DESCRIPTION

<b>POSITION:</b>	Senior Registrar
<b>DEPARTMENT:</b>	Paediatric Intensive Care Unit (PICU), Starship Children's Hospital
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director, PICU, through the on-call Consultant
<b>FUNCTIONAL RELATIONSHIPS:</b>	Nursing staff PICU, all Starship Clinical Teams, Intensive Care and Paediatric Services throughout the country, Transport personnel, patients and their families
<b>PRIMARY OBJECTIVE:</b>	Effective clinical care of critically ill children.
<b>RUN RECOGNITION:</b>	The run is recognised as a training position by the Royal Australasian College of Physicians and is accredited for up to two years of core intensive care training and six months anaesthesia training by the Australia and NZ College of Anaesthetists and six months emergency medicine training by the Australasian College of Emergency Medicine.
<b>RUN PERIOD:</b>	6 or 12 months

## Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>The Registrar will work co-operatively with all other teams and members of the PICU team to optimise patient care.</li> <li>The Registrar's first responsibility is clinical care of patients in the Paediatric Intensive Care Unit.</li> <li>The Registrar is responsible for concise, accurate and problem oriented handover and to write notes documenting progress at the end of every shift.</li> <li>Registrars are expected to keep the on-call Consultant informed of patient admissions and progress. They are expected to call for assistance early rather than face a situation in which they are clinically inexperienced.</li> <li>Registrars are an important part of the Paediatric Emergency Team. Management of the airway and breathing are first priorities.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Consultations on the ward regarding potential admissions will be reviewed as expeditiously as possible and discussed with the on-call Consultant. Requests from the wards for IV placements will be dealt with once PICU work is complete.</li> <li>• Guidelines – both clinical and procedural - will be read and adhered to.</li> <li>• Transportation of patients both incoming and in transfer to other institutions is an expected part of the PICU Registrar role. Transports should be discussed with the on-call Consultant and undertaken only when clinical experience is appropriate for the patient being transferred.</li> <li>• To be clinically useful transport teams should be able to depart PICU within 30 minutes of a decision to move.</li> <li>• Transport teams will be in house during rostered hours and on call from home only between midnight and 0800h. All transports will depart and return from the PICU.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• The Registrar will ensure accurate and up to date documentation on every patient.</li> <li>• Discharge notes and documentation are to be completed prior to any patient (dead or alive) leaving the Unit.</li> <li>• Notes and prescriptions must be legible, dated, timed and signed.</li> <li>• The Registrar will read and adhere to the Service Description in the Location Manual and to the Registrar Guidelines.</li> </ul>

## Section 2: Training and Education

Area	
<b>General</b>	<ul style="list-style-type: none"> <li>• The Registrar will attend the PICU Orientation Programme.</li> <li>• Registrars are expected to contribute to all aspects of the teaching programme both within PICU and the rest of the hospital e.g. Grand Round presentations.</li> <li>• Registrars are expected to read around patients to maximise their learning. A computerised education file is provided and text books are available from the PICU library.</li> <li>• There will be at one two hour formal teaching session per week, comprising tutorials, evidence based presentations, and mortality reviews. Registrars are encouraged to attend unit QA/ transport meetings and hospital grand rounds and to attend specific teaching pertaining to their training programme where appropriate.</li> <li>• Bedside teaching/questioning and discussion of relevant literature is encouraged and expected both during patient handovers and where appropriate in relation to direct patient care.</li> <li>• Teaching in practical procedures including airway management is part of clinical care. The Registrars are expected to make the most of opportunities in this regard, including visits to the operating theatres for extra experience when rosters and patient load allow.</li> <li>• A research project may be undertaken during the attachment and Registrars will be supported in doing so. This is essential for advanced trainees for meeting College requirements.</li> </ul>

### Section 3: Roster

Area	
<b>General</b>	<p>Fourteen registrars contribute to covering the roster to provide at least three pairs of hands available to the PICU at any one time –two registrars on duty in the PICU, one Registrar on transport duties and a Consultant. Registrar duties consist of rostered shifts as follows:</p> <ul style="list-style-type: none"> <li>i) 0730 - 2100 (A): 13.5 hour long day shift</li> <li>ii) 2000-0830 : (N): 12.5 hour night shift</li> <li>iii) 0730-2100 (T1) transport day shift</li> <li>iv) 2000-0730 (T2) transport night shift</li> <li>v) 0730-1530 8 hour day shift</li> <li>vi) Education shift (4 hours)</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>a) Leave is covered internally and incorporated into the roster to ensure registrars do similar numbers of shifts over the three month roster. There are 2 additional Registrars rostered to day shifts from 0730-1530 which are above what is required to run the roster therefore meaning 2 Registrars can be away at any one time.</li> <li>b)</li> </ul>
<b>Roster Changes</b>	<ul style="list-style-type: none"> <li>• Shift swaps are possible but must be discussed in advance with the roster consultant and be clearly written on the master roster in PICU.</li> </ul>

The proforma rotating roster template is as follows:\*

Please note this is a base template only and duties will be removed as required to ensure limits on hours are maintained.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
M	P	P	A	A	*	*	*	*	*	*	T1	T2	8	8
T	P	P	A	A	*	*	*	*	*	*	T1	T2	8	8
W	P	P	*	*	*	*	A	A	*	*	T1	T2	8	8
Th	P	P	*	*	E	E	*	*	A	A	T1	T2	8	8
F	*	*	T1	T2	*	*	P	P	A	A	*	*	8	8
S	*	*	T1	T2	A	A	P	P	*	*	*	*	*	*
S	*	*	T1	T2	A	A	P	P	*	*	*	*	*	*

Roster Key		
Code	Start and Finish Time	Hours
E	Education - 4 hours	4 hrs
8	Day shift 0730- 1330	8 hrs
P	Night 2000 - 0830	12.5 hrs
A	Day shift 0730 - 2100	13.5 hrs
T1	Transport 0730 - 2000	12.5 hrs
T2	Transport 2000 - 0730	11.5 hrs

## Section 4: Performance appraisal

- Performance will be assessed by the nominated Consultant Supervisor from the appropriate College. This will include input from the other senior medical and nursing staff of the unit. This will be assessed both mid-run and at the end of the run, however if deficiencies are identified at other times the Consultant Supervisor will bring these to the Registrar's attention and discuss how they may be corrected.

## Section 5: Run Entitlements

- Days in lieu of public holidays relate to all registrars and include a day in lieu for any registrar either working or on a rostered day off. If on annual leave, that day will not be debited from your leave balance. Waitangi Day and Anzac Day are not counted as public holidays when they fall on a Saturday or Sunday.
- Shift allowances - six month runs accumulate three extra days of leave. We request Payroll to credit this at the end of each run so you don't have to fill out a shift leave form.

## Section 6: Guidelines for Leave

- Six weeks notice of leave requests is requested to give time to re-organise the roster and publish amendments with the required 28 days notice. Individual registrars are free to organise swaps with colleagues, but require approval by the roster consultant.
- Because of the need for experience and hands on care, general relievers are inappropriate for PICU and the roster is either covered internally or by experienced locums.
- For a six month time period, annual leave entitlement is 11 days. Statutory days vary from 4.5 to 5.5. and in addition, the shift roster entitles you to an extra 3 days of leave = 18.5 days on average.
- More than three weeks leave in a six month time period makes life stressful for other registrars particularly if this is consecutive or involves a lot of weekends.
- It is preferred that only two registrar sbe on leave at any one time, although overlap may be okay. More than two registrars on leave simultaneously puts unreasonable stress on the other registrars.
- Locums may be available for leave outside these requirements. They must have previous PICU experience. If an appropriate locum cannot be found and the service is not able to covered, leave may not be approved.
- Study and conference leave will be given as per RDA contract.
- Sick leave or special circumstances should be notified to Director PICU or on call consultant as soon as possible.

## Section 7: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Rostered Hours	44.29	
Unrostered Hours To be confirmed by a run review	TBC	
Total average weekly hours	44.29	

Please Note – total hours fall above the middle of the salary category therefore E run category applies until the hours can be confirmed by a run review.

**Salary** The minimum of a Category **C** will apply as this is a shift roster.