

RUN DESCRIPTION

POSITION:	Forensic Pathology Registrar (Part of Anatomical Pathology Training Scheme)
DEPARTMENT:	Forensic Pathology
PLACE OF WORK:	LabPlus, Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Manager of Laboratory services, through a Clinical Director of Forensic Pathology.
FUNCTIONAL RELATIONSHIPS:	Coroner, Police, Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of coronial cases under the jurisdiction of the Coroner. .
RUN RECOGNITION:	This run is recognised by the RCPA as a training position for specialist qualification in Anatomical Pathology
RUN PERIOD:	4 months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>1. Coronial Autopsy Service:</p> <ul style="list-style-type: none"> Coronial autopsies conducted and reported under the supervision of a consultant forensic pathologist. During the 4-month rotation expected to perform approximately 50 coronial autopsies.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • Develop an understanding as to the role of the pathologist at the scene and in court • Assist/observe suspicious death/homicide autopsies • Attend neuropathology cuts. • Sit and pass the autopsy exam (RCPA), if not already successfully completed • By the end of the rotation be competent in performing an autopsy and have a working knowledge of the individual requirements and techniques in different categories of autopsies and death. <p>Special Autopsies: You may have the opportunity to assist with some of the types of autopsies listed below.</p> <ul style="list-style-type: none"> • Air embolism • Sudden infant death syndrome • Maternal death <p>While the majority of the coronial autopsies are sudden natural death, during the run you should aim to perform at least one autopsy from each of the following categories. Due to the length of the rotation and the unpredictability of the cases it may not be possible during the run to allocate a case from each of these categories. Despite this, by the end of the run you should be familiar with the autopsy techniques and significance of possible findings in each category.</p> <ol style="list-style-type: none"> 1. Hanging 2. Drowning 3. Drug overdose 4. Asphyxial death – suffocation, traumatic or positional 5. Carbon monoxide poisoning 6. Fires/Burns 7. Firearm-related 8. Decomposed 9. Motor vehicle accident 10. Cardiac death including examination of conducting system 11. Post-operative <p>The formal teaching program is run on Friday mornings. While you are not required to carry out service work during this time, in order to reach the desired objective of 50 forensic autopsies during the run you may need to be available for autopsies before the teaching session begins. Similarly, if there are a large number of cases on the Friday morning then you may be allocated an autopsy before the teaching session.</p>

Area	Responsibilities
	<p>This following is a list of basic forensic and pathology-related topics that are required reading while working within this department. This should not be viewed as a complete list. While some of these topics are more forensic-orientated a lot of them form the basis of good old-fashioned pathology, diseases that you will not encounter in a surgical pathology laboratory. So make the most of your time here to familiarise yourself with these entities. You should also be familiar with the relevant autopsy procedures, techniques and findings in each of these diseases:</p> <ul style="list-style-type: none"> • Post-mortem changes • Means of identification • Basic classification and interpretation of injuries/wounds • Role of and indications for post-mortem radiology, microbiology/virology and biochemistry • Causes of sudden natural death • Ischaemic heart disease • Hypertension • Valvular heart disease • Myocarditis • Aortic pathology – dissection, aneurysm • Chronic obstructive respiratory disease • Asthma • Bronchiectasis • Aspiration • Pneumonia • Diffuse alveolar damage • Respiratory bronchiolitis • Pulmonary thrombo-embolism • Gastrointestinal haemorrhage and causes • GI ulcers • Gut ischaemia • Post-op complications • Motor vehicle accidents • Drowning • Epilepsy • Asphyxia • Neuropathology <ul style="list-style-type: none"> ➤ Head Injuries - Diffuse axonal injury <ul style="list-style-type: none"> - Global hypoxia/ischaemia - Contusions - Intracranial haematomas ➤ Raised Intracranial Pressure (RICP) ➤ Cerebrovascular Disease - Thrombotic and embolic <ul style="list-style-type: none"> - Hypertensive disease and the brain - Amyloid angiopathy - Subarachnoid haemorrhage; aneurysms ➤ Infections - Meningitis versus encephalitis <ul style="list-style-type: none"> - AIDS ➤ Common dementia/degenerations - Alzheimer's disease <ul style="list-style-type: none"> - Parkinson's disease - CJD and variant CJD ("mad cow disease") – and <p>precautions</p> <ul style="list-style-type: none"> ➤ Demyelination – Multiple sclerosis

Area	Responsibilities
	<p>Assessments:</p> <p>At the end of the run there will also be an informal oral quiz with two of the forensic pathologists. While there is no pass/fail component to this the registrar is expected to demonstrate a basic level of sound coronial and autopsy pathology.</p> <p>Presentation:</p> <p>There are no regular clinical meetings at which you are required to present cases. However from time to time autopsy findings are presented at clinico-pathological conferences, at which time you may be required to present the autopsy findings.</p> <p>During your rotation you are required to make a presentation to the department from at least one of the following categories:</p> <ol style="list-style-type: none"> 1. Autopsy case and literature review 2. Literature review of a forensic-related topic 3. Research topic 4. Review of a series of case <p>2. Renal Biopsies:</p> <ul style="list-style-type: none"> • Perform electron microscopy. <p>3. Electron Microscopy:</p> <p>4. Adult Hospital Autopsies:</p> <ul style="list-style-type: none"> • You may be required to perform some of the adult hospital autopsies. Supervision is provided by one of the consultant Forensic pathologists. These are in addition to and not instead of the coronial autopsy requirement. <p>5 Neonatal/Perinatal Autopsies:</p> <ul style="list-style-type: none"> • Under the supervision of the Paediatric pathologist you will be required to perform and report all the neonatal and perinatal autopsies during the course of this run. These autopsies are in addition to the coronial autopsy requirement.
Administration	<ul style="list-style-type: none"> • 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 • 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

Section 2: Training and Education

<i>Training and Education</i>
<ul style="list-style-type: none"> • See above • Training objectives will be set at the beginning of the run

Section 3: Roster

<i>Roster</i>
<p>Hours of Work:</p> <p>Ordinary Hours Monday to Friday 0700 - 1600</p>

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Leave is as per the RMO Collective Employment agreement</p> <p>You are entitled to three hours of study time per week. This is to be taken on Friday mornings, to allow attendance at the Registrar Training Programme teaching sessions.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar 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 Registrar 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 Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • An interim assessment report on the Registrar eight (8) weeks into the run, after discussion between the Registrar and the Consultant responsible for them; • 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; • 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.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	0	
All other unrostered hours		
Total hours per week	40	

Salary The salary for this attachment will be as detailed in an **E** run category.