

Run Description

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| POSITION: | Registrar – Advanced Trainee |
| DEPARTMENT: | Haematology Pathology |
| PLACE OF WORK: | North Shore Hospital |
| RESPONSIBLE TO: | Clinical Director Haematology, Manager of Clinical Haematology, Haematologists |
| FUNCTIONAL RELATIONSHIPS: | Patients, laboratory and clinical haematology staff, hospital and community based healthcare workers |
| PRIMARY OBJECTIVE: | To develop skills in laboratory haematology and facilitate the interaction of the haematology laboratory with clinical medicine |
| RUN RECOGNITION: | This run is recognised by the RACP and RCPA as an advanced training position in Haematology |
| RUN PERIOD: | 4 months |

Section 1: Registrar’s Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
|----------------|---|
| General | <p>Work closely with the WDHB haematology laboratory staff and haematologists to learn the basics of laboratory haematology</p> <p>To perform, interpret and report bone marrow examinations when required</p> <p>To review, interpret and report on blood films as required.</p> <p>To learn the basics of blood banking and liaise with clinicians on transfusion related matters such as dealing with massive transfusions, transfusion reactions and coagulopathies.</p> <p>To learn the basics of laboratory coagulation, interpret test results and liaise with clinical staff on test results.</p> <p>To liaise between the laboratory and clinicians in helping to interpret haematology laboratory results as well as suggesting additional tests which may be of benefit for ultimate patient management.</p> <p>Manage the assessment and admission of acute and elective patients under the care of the haematology team including the organisation of relevant investigations and ensure the results are followed up, sighted and signed</p> |

| <i>Area</i> | <i>Responsibilities</i> |
|-----------------------|---|
| | <p>Work closely with medical and nursing staff in provision of assessment and investigations of new patients and follow-ups in outpatient clinics</p> <p>Undertake diagnostic and treatment procedures appropriate to Clinical Haematology.</p> <p>Maintain a high standard of communication with patients, patients' families and staff;</p> <p>Inform consultants of the status of patients especially if there is an unexpected event;</p> <p>Hand-over patient management at end of day to on-call medical staff.</p> <p>Attend team and departmental meetings as required.</p> |
| Admitting | Assess and admit Clinical Haematology patients referred by ED or the community and other medical and medical subspecialty patients when on call |
| On-Call | <p>When on call be available on long –range locator to attend the hospital within 30 minutes.</p> <p>On rostered weekend days review all haematology inpatients daily (by ward round with on-call consultant)</p> <p>See and manage patients presenting acutely for assessment. Liaise with the on call haematology consultant on management of these patients.</p> <p>Provide advice to and liaise with GP's and other hospital medical staff on Clinical Haematology matters;</p> |
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| Outpatients | <p>There will be <u>one outpatient clinic per week</u> run in conjunction with a haematology consultant (on rare occasions additional outpatient clinics may be required).</p> <p>Communicate with referring person following patient attendance at clinics</p> <p>Arrange and perform outpatient investigations as necessary</p> <p>Chart appropriate chemotherapy treatments which need to be countersigned by another Haematology registrar/consultant or experienced Day Stay nurse.</p> |
| Administration | <ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Dictate discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion; • 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. |

| <i>Area</i> | <i>Responsibilities</i> |
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| | <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 WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly. |

Section 2: Weekly Schedule

Consultant ward round times vary depending on consultant rotation

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|------------------------------|-----------------------------------|--|-----------------|---------------------------------------|
| a.m. | | Chemotherapy meeting 9.15 – 10.15 | | | |
| p.m. | Lymphoma meeting 1:00 – 2:00 | NSH Grand Round 12.30 – 13.30 | Blood Club 12:30-13:30 Radiology review 2.45 – 3.45pm | | Lab technologist teaching 14.00-15.00 |

Section 3: Training and Education

| <i>Nature</i> | <i>Details</i> |
|---|--|
| Protected Time | <p>The principle aim of this run is for the registrar to learn the basics of laboratory haematology; considerable time will be available for this activity</p> <p>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</p> <p>Lymphoma meeting (Monday 1:00-2:00)</p> <p>Chemotherapy meeting (currently Tuesday 9.15-10.15)</p> <p>Xray meeting (currently 11:0-12:00)</p> <p>Blood Club (currently Wednesday 12:30-13:30)</p> <p>Lab technology teaching (Thursday 14.00-15.00)</p> |
| The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested | |

Section 4: Research

| <i>Nature</i> | <i>Details</i> |
|---------------|--|
| Research | The trainee registrar is encouraged to consider either a laboratory or clinical research project to be undertaken during this attachment. Although this attachment is relatively short a “pan regional” project reviewing one aspect of haematology could be started during this attachment and continued over subsequent attachments with the other regional haematology units. |

Section 5: Cover:

| <i>Other Resident and Specialist Cover</i> |
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| <p>The registrar will be required to work between 0800 and 1700 Monday to Friday inclusive.</p> <p>The registrar will be on call one weekend in four and during this time will take first call for all haematology problems, with appropriate consultant back up. It would be extremely rare that the registrar would be required to attend out-of-hours patient reviews (these are normally attended to by the on call medical registrar) and nearly all problems can be handled with phone advice. A consultant haematologist is always available 24/7 for advice.</p> <p>The registrar will <u>not</u> participate in the general medical roster and is discouraged from participating in locum work</p> |

Section 6: Performance appraisal

| <i>Registrar</i> | <i>Service</i> |
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| <p><i>The Registrar will:</i></p> <p>Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.</p> <p>If deficiencies are identified, the Consultant will identify these with the Registrar who should implement a corrective plan of action under the advice of their Consultant.</p> | <p><i>The service will provide:</i></p> <p>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.</p> <p>an interim assessment report on the Registrar three (3) months into the run, after discussion between the Registrar and the Consultant responsible for them;</p> <p>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;</p> <p>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.</p> <p>The Director of Basic Physician Training will be available to discuss problems and progress.</p> |

Section 7: Hours and Salary Category

| <i>Average Working Hours</i> | | <i>Service Commitments</i> |
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| Basic hours (Mon-Fri) | 40 | The Service will be responsible for the preparation of any Rosters. |
| * Please Note, weekend oncall duties are not included in salary category. RMO's are required to submit a claim form for weekends rostered oncall and any call back duties. | | |
| All other unrostered hours | 2 | |
| Total hours per week | 51.71 | |

Salary: The salary for this attachment is detailed as a Category **D** run category.