

POSITION:	Palliative Medicine Advanced Trainee – Elective Rotation in Pain Medicine		
DEPARTMENT:	Acute and Chronic Pain service, Middlemore Hospital, Counties Manukau District		
PLACE OF WORK:	Middlemore Hospital and out-patient clinics		
RESPONSIBLE TO:	 Clinical Director of the Acute Pain Service Clinical Director of the Chronic Pain Service Consultants in both Acute and Chronic Pain Services Operations manager Run Supervisor 		
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Middlemore Super Clinic, Middlemore Hospital and community-based healthcare workers		
PRIMARY OBJECTIVE:	To support and facilitate the care of patients referred to the acute and chronic pain services		
RUN RECOGNITION:	This run is recognised by the RACP and Australasian Chapter of Palliative Medicine as a training position for specialist qualification		
RUN PERIOD:	26 weeks		

RUN DESCRIPTION

As part of its consult role within the region, the hospital palliative care service frequently interfaces with the pain service in the transition of care of patients with palliative care needs, including interventional pain therapies. It has established several channels of collaboration to develop educational and training opportunities that benefit both teams.

This run is a valuable and rewarding elective rotation for a Palliative Advanced Trainee due to the links between pain and palliative medicine. It provides the trainee with an in-depth insight of therapies provided by the pain service and exposure to pain management options that can be considered for palliative care patients while providing more knowledge of medications and other treatments applied to the management of chronic pain and the complexities that arise from co-morbid conditions in the later stages of life.

The Palliative Advanced trainee will participate in acute pain rounds, chronic pain clinics, pain self -management education sessions, and learn first-hand about interventional pain management techniques.

The Acute Pain service provides acute and peri-operative pain management. It includes patient-controlled analgesia (PCA), nurse-controlled analgesia (NCA), analgesic infusions and interventional pain management techniques. There will be opportunities to watch interventions performed by interventional radiology, gastroenterology and the anaesthetic service.

The Chronic Pain service provides an outpatient community service. It is comprised of specialist pain physicians, physiotherapists, clinical psychologists and nurses. They provide care for patients with chronic pain conditions such as neuropathic non-malignant pain, primary pain disorders, complex regional pain syndrome, abdominal and pelvic pain, facial pain, and musculoskeletal pain disorders.

Section 1: Advanced Trainee's Responsibilities

Area	Responsibilities
General Duties	Participation in triage of referrals to the pain service including inpatient referrals to the acute pain service and outpatient referrals for chronic pain
	Assessment and treatment of outpatients referred to the pain service from community services
	Participation in the assessment and treatment of inpatients referred to the acute pain team
	Extension of training and knowledge of Pain Management in the context of acute and chronic pain
	Participation of multidisciplinary team meetings
	Extension of training and knowledge in pain management <i>outside</i> the palliative care context
	Exposure to indications and application of interventional pain therapies including partnership with interventional radiology and anaesthesiology
	Exposure to non-pharmacological pain interventions including psychotherapy, physiotherapy, and complementary therapies in the context of chronic pain
	Liaison with hospital palliative care for transition of pain management
	Participation in family meetings and conferences
	Liaison with other health professionals including GPs for continuity of care
Administration	Maintenance of comprehensive documentation in clinical files, including
	 letters to other health professionals or agencies regarding assessments and treatment progress
	 medication orders, including prescriptions, medication updates and reasons for changes
	Completion of any special documentation or database entry of health information as required by the Unit Consultant or Manager.
	Participation in team case conferences.
	Follow up laboratory and other investigations as necessary, using electronic systems and other records as appropriate
	Obtain informed consent for procedures within the framework of the Medical Council guidelines.
	If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support office or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.
	In consultation with the Clinical Director, assist with operational research in order to enhance the performance of the Service. 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 please use your Counties Manukau Clinical Portal login and email account for all work-related communication. It is your responsibility to ensure you check this regularly

Section 2: Hours of work

A full-time registrar will work between the hours of 07:30 and 17:30.

The scheduled activities are shown below. In addition to activities shown in the weekly schedule the trainee will be allocated to clinical activities, non-clinical activities and four hours per week of protected training time. Timetabling of all activities including SMO rounds, clinical activities, non-clinical activities and protected training time may be subject to change.

WEEKS 1,3,5 and 7 (continuing roster)

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.		meeting	=	0730-1230 Acute pain round	0730-1730 Acute pain round
	Adolescent pain clinic	0900-1200 Chronic pain clinic 1230-1330	Dates TBC OR	1230-1330 Medical grand round	
p.m.	RDO	clinic			0730-1730 Acute pain round

WEEKS 2,4,6 and 8 (continuing roster)

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	pain round	Business meeting 0900-1200 Chronic pain	0900-1200: CARE Group /	0730-1230 Complex pain round	RDO
		CPS MDT		1230-1330 Medical grand round	

ı	o.m.	1230-1730 Inpatient pain reviews (new or complex)	Chronic pain clinic	1230-1730 Clinic admin OR	1230-1730 Non-clinical time	RDO
		OR Non-clinical time		Research		

<u>Clinical activities</u> include reviewing outpatients, ward rounds, ward -based work, triaging and responding to referrals, weekly grand round, multi-disciplinary and family meetings, audit and quality assurance activities, case conferences and reviews, case coordination, telephone consultations, clinical documentation.

<u>Non - clinical activities</u> include teaching, educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources, preparation of clinical resources, and regular presentation at weekly clinical team and medical team meetings. Non-clinical time is allocated one afternoon per week, but can be interspersed with other activities depending on clinical workload.

Section 3: Training and Education

Nature	Details
Allocated Training Time	Protected training time of 4 hours per week will be allocated for CPE, professional self development, medical learning and teaching sessions.

Section 4: Roster

Hours of Work
07:30—17:30 Monday to Thursday or Tuesday to Friday 10 hours per day:

Section 5: Performance appraisal

Advanced Trainee	Service		
The Registrar will:	The service will:		
at the outset of the run arrange a meeting with their primary supervising consultant to discuss goals and expectations for the run, review and	 provide a suitable work and training environment that will foster excellence in patient care and support high quality education. 		
assessment timesarrange a meeting midway through their run for formative assessment	An initial meeting between the supervising consultant (or designated consultant if supervising consultant is not available) and registrar will be arranged to		
 after any assessment that identifies deficiencies, implement a corrective plan of 	discuss goals and expectations for the run, review and assessment times.		
action in consultation with their supervising consultant or designated consultant if supervising consultant is not available	An interim assessment report will be provided midway through the run after discussion between the registrar and the supervising consultant (or		
 arrange a meeting towards the end of their run for summative assessment 	designated consultant if supervising consultant is not available).		
Formal Assessment includes:	A final assessment report will be provided at the end of the run, a copy of which is to be sighted and		
3x case discussions	signed by the registrar.		
3 x observed interactions	The opportunity to discuss any deficiencies identified		
Learning plan	during the attachment will be available at any time. The supervising consultant (or designated consultant if supervising consultant is not available) in conjunction with the registrar will discuss and implement a plan of action to correct identified deficiencies.		

Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
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 (Mon-Fri capturing additional hours of day shift)	10	
All other unrostered hours To be confirmed by a run review	0	
Total hours per week	50	

Salary: The salary for this attachment is estimated to be a Category D

The run will be remunerated as a category D until the hours of work are confirmed by a run review