

RUN DESCRIPTION

POSITION:	Registrar
DEPARTMENT:	Older Adults / Integrated Stroke Unit
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director and Operations Manager, through a nominated Consultant/Physician.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers and family/whanau, hospital and community based healthcare workers including Consultants and Registrars in AT&R, General Medicine and others as required, other members of multidisciplinary team.
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of inpatients under the care of the Integrated Stroke Unit. To provide support and supervision for Integrated Stroke Unit House Officer.
RUN RECOGNITION:	This run will be accredited for RACP basic or advanced training in General or Geriatric Medicine
RUN PERIOD:	26 weeks

Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> Responsible for the day-to-day medical care of patients in the Integrated Stroke Unit (ISU) and will undertake a daily morning round, when on duty during the ordinary hours, of all patients in the ISU. Attend Consultant ward rounds when on duty and have a current knowledge of the progress of inpatients under their care. Attend multidisciplinary meetings with other health professionals involved with patient management and discharge planning. Review acute admissions to the ISU including construction of a problem list and management plans. Undertake investigation or treatment of patients in the ISU where appropriate and request assistance from the supervising Consultant when required. Closely monitor medically unstable patients and ensure appropriate handover occurs with the on-call House Officer, Registrar or Consultant as appropriate. Communicate effectively with members of the multidisciplinary team to ensure optimal patients outcomes and timely discharge. Supervise the duties of the House Officer to ensure that patient's management decisions are carried out according to best practice principles and guidelines. Daily liaison with the House Officer and be available for advice or consultation as required. Undertake outpatient clinics and all patients seen should be discussed with the supervising Consultant following the scheduled clinic.

Area	Responsibilities
	<ul style="list-style-type: none"> • Undertake acute stroke reviews in the Emergency Department (ED), Admissions and Diagnostic Unit (ADU) and other wards. All patients seen should be discussed with the supervising consultant. • Ensure regular case notes are written in a problem orientated manner when patients are assessed and/or management changes made. • Undertake other duties as required from time-to-time by the Clinical Director for Older Adults/Stroke. • Maintain a high standard of communication with patients, patients' families and staff. • Ensure their patients are safely and efficiently handed over and liaise with the other health professionals in the ISU to ensure the required level of coordinated care to the patients is achieved and maintained. • Attend the weekly educational programme of the ISU and take responsibility for presentation when required to do so. This may include Journal Clubs, Grand Round, Morbidity & Mortality Meetings or AT&R teaching. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • WDH B Clinical Board policies are to be followed at all times.
Acute Admitting	<ul style="list-style-type: none"> • Review acute and elective admissions to the ISU, construct a problem list and request basic investigations. • Attend hyper-acute stroke calls as able during normal working hours.
On-Duty	<ul style="list-style-type: none"> • Review inpatient stroke referrals prior to involving the Consultant. • Attend and present overview of stroke patients in ISU at the multi-disciplinary ward meetings.
Research	<ul style="list-style-type: none"> • Research opportunities are available in consultation with the Clinical Director. • Participation in clinical audit is encouraged.
Administration	<ul style="list-style-type: none"> • Notes are to be written in patient charts and a daily problem list and management plan will be compiled for each patient. The opinion of the Consultant will be recorded. All documentation should comply with WDH B documentation policy. • Monitor Electronic Discharge Summaries (EDS) prepared by the House Officer to ensure they are an accurate and timely record of care. If necessary, the Registrar will send an amended EDS or dictate an additional letter to the GP when complexity of diagnosis or management, or results of investigations become available after discharge. • Responsible for the accuracy of the principal and secondary diagnoses and treatment/management and procedures performed recorded on the EDS. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately recorded. • Letter will be dictated to the patient's GP after each outpatient visit. • Results of all investigations will be sighted and signed electronically in a timely and safe manner. The responsibility for results relating to inpatients may be shared with the House Officer. The Registrar will refer results to the Consultant where there is uncertainty about the significance. • Responsible for certifying death and completing appropriate paperwork for patients who have died under their care, although this may be delegated to a House Officer. • Obtain informed consent for procedures within the framework of the NZ Medical Council guidelines which state: <ul style="list-style-type: none"> ○ "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." ○ "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."

Area	Responsibilities
	<ul style="list-style-type: none"> 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. All RMOs working at WDHB are provided with a DHB login and WDHB email account which will be used for all work related communication. It is the expectation that emails will be checked regularly.

Section 2: Training and Education

Nature	Details
Protected Time	<p>The Registrar will attend (unless attendance is required for an emergency) the following teaching sessions:</p> <ul style="list-style-type: none"> Medical Grand Round – Tuesdays 1230 – 1330. Prepare, if applicable, for the written and clinical RACP exams and attend RACP Teaching – Wednesdays 1330 – 1630. General Medicine Journal Club – AT&R Weekly Teaching – Mondays 1230 – 1330. AT&R Morbidity & Mortality meetings every 4 weeks – Mondays 1230 – 1330. Neuroradiology Meeting – Fridays 0830 – 0900. Advanced trainees in Geriatric Medicine are expected to attend the monthly Regional Geriatricians Journal Club and regular Geriatric Advanced Trainee teaching. Advanced trainees will receive one afternoon/week protected teaching time for audits or project related activities. Registrars may be requested to present case summaries and topic reviews. Through example and supervision, the Registrar will actively contribute to the education of House Officers including formal teaching programmes if requested. Through example and supervision, the Registrar will actively contribute to the education of medical students attached to the ISU. On occasion, the Registrar may be requested to teach other health care workers.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 Daily Ward Rounds MDT huddle	0800 Daily Ward Rounds MDT huddle	0800 Daily Ward Rounds MDT huddle	0800 Daily Ward Rounds MDT huddle	0800 0830 Neuroradiology Meeting Daily Ward Rounds MDT huddle
					AT&R Teaching
p.m.	Ward related work	Grand Round Outpatient Clinic	RMO protected teaching time	Ward related work	Ward related work

Note: dates and times for the sessions above may change.

Section 3: Cover

Other Resident and Specialist Cover
<p>Registrars provide after-hours cover for all Older Adults wards at North Shore Hospital until 2000 weekdays and 1600 weekends, after which time the Older Adults wards are covered by the General and Subspecialty Medicine Registrars.</p> <p>The Older Adults Rotator Registrar position will cover the rostered days off, nights and sleep days of the other Registrars employed by the Older Adults service at North Shore Hospital.</p> <p>On weekends rostered to cover Older Adults wards during the day, the Registrar is expected to review ward patients, review and/or admit patients from ED/ADU and liaise with the House Officer on duty about the care of unwell patients.</p> <p>When the Registrar is rostered onto weekday (Monday to Thursday) night duty they will be responsible for the patients under the care of the Division of Medicine and Health of Older Adult Services. This will occur a no more than 3 sets per rotation.</p> <p>The Consultant on call must be contacted if there are any problems with which the Registrar needs assistance.</p>

Section 4: Roster

Hours Of Work
<p>Ordinary hours:</p> <ul style="list-style-type: none"> • Monday to Friday 8.0 hours per day: 0800 – 1600 • Saturday and Sunday 8.0 hours per day: 0800 – 1600 (1:5) • Monday to Friday evening 4.0 hours: 1600 – 2000 (1:5) • Nights Monday to Thursday 2200 – 0800:8 • NSH Older Adults Advanced Trainee(s) will be rostered to one set of nights over a 26 week run. • NSH Older Adults Basic Trainee(s) will be rostered to two sets of nights over a 26 week run. <p>Overnight from 2200 – 0800 there will be a consistent workload across the General Medicine and Medical Specialties:</p> <ul style="list-style-type: none"> • A consistent workload for 2 Registrars overnight 2200 – 0800 Monday – Thursday for 15 weeks per run over summer • A consistent workload for 3 Registrars overnight 2200 – 0800 Monday – Thursday for 11 weeks per run over winter • A consistent workload for 3 Registrars overnight 2200 – 0800 Friday – Sunday all year <p>Staffing levels for weekday long days and weekends do not vary in summer and winter and will instead remain consistent across the year.</p> <p>Cover for leave will be provided by the Older Adults Rotator or Medicine Relief Registrars, in consultation with the Clinical Director. Leave will not be unreasonably withheld, provided safety and service commitments are not compromised.</p>

Section 5: Performance Appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> • At the outset of the run, meet with their supervising consultant to discuss goals and expectations for the run as well as review and assessment times. • Ensure a mid-run and end-of-run review is completed along with the required reports. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant and RACP designated supervisor. 	<p>The service will provide:</p> <ul style="list-style-type: none"> • 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. • Interim assessment meeting with the Registrar three (3) months into the run. • 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. • 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. • The Director of Basic Physician Training or Advanced Training will be available to discuss any training related concerns. • Advanced Trainees in Geriatric Medicine will be provided with all reasonable opportunities to fulfill training requirements.

Section 6: Hours and Salary Category (Basic Trainee)

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below

Average Working Hours BASIC TRAINEE (Observing RDOs)		Service Commitments
Basic hours (Mon-Fri between 0800-1700 → 8 hours per day)	40.0	The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters.
RDO Hours	-3.20	
Rostered additional hours (inc. nights, weekends & long days)	10.18	
All other unrostered hours Run review completed Sept 2023	5.03	
Total hours per week	52.01	

Salary: The salary for this attachment is currently remunerated at a Category D

Average Working Hours BASIC TRAINEE (Not observing RDOs)		Service Commitments
Basic hours (Mon-Fri between 0800-1700 → 8 hours per day)	40.0	The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	10.18	
All other unrostered hours Run review completed Sept 2023	5.03	
Total hours per week	55.21	

Salary: The salary for this attachment is currently remunerated at a Category C.

Section 6a: Hours and Salary Category (Advanced Trainee)

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours ADVANCED TRAINEE (Observing RDOs)		Service Commitments
Basic hours (Mon-Fri between 0800-1700 → 8 hours per day)	40.0	The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters.
RDO Hours	-3.20	
Rostered additional hours (inc. nights, weekends & long days)	8.64	
All other unrostered hours	5.03	
Total hours per week	50.47	

Salary: The salary for this attachment is currently remunerated at a Category D

Average Working Hours ADVANCED TRAINEE (Not observing RDOs)		Service Commitments
Basic hours (Mon-Fri between 0800-1700 → 8 hours per day)	40.0	The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	8.64	
All other unrostered hours	5.03	
Total hours per week	53.67	

Salary: The salary for this attachment is currently remunerated at a Category D.