

RUN DESCRIPTION

POSITION:	Palliative Medicine Registrar
DEPARTMENT:	Palliative Care Team, Medical Service, Waitemata District Health Board
PLACE OF WORK:	North Shore and Waitakere Hospitals
RESPONSIBLE TO:	Clinical Lead Senior Medical Officer (Palliative Medicine Consultant) for clinical matters. Clinical Director of Medical Service Operations Manager of Palliative Care Team through Lead SMO for administrative matters Run supervisor(s) for training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, North Shore and Waitakere Hospitals and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients referred to the Palliative Care Team
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

Background:

The Palliative Care Team is one of the consultative teams within the WDHB Hospital Services. It is a medical and nursing service providing specialist palliative care to inpatients with palliative care needs and occasionally to patients attending an outpatient appointment, in North Shore or Waitakere Hospital, in response to referrals from hospital health professionals overseeing care of that patient.

Patients eligible for specialist palliative care include those affected by life-threatening and progressive life-limiting illness and who have a level of need that exceeds the palliative resources of the primary team. These patients have a breadth and depth of need over and above the “ordinary”. Extra-ordinary needs can be patient, carer or health team centred and the support required may be intermittent or continuous depending on the level of need and the rate of disease progression. Eligibility is based on need not diagnosis, and patients with either malignant or non-malignant diseases qualify for palliative care.

Team members interface closely with other members of the multidisciplinary team in order to ensure that patients receive multi-dimensional palliative care appropriate to their current needs. These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

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The service has close links with community services (hospices, cancer society, district nursing services) providing palliative care. Regular liaison with these services and the patient's general practitioner (GP) are routine.

Section 1: Registrar's Responsibilities

Area	Responsibilities
<p>General Duties</p>	<p>To facilitate the safe and efficient management of patients referred to the palliative care team, under the supervision of the palliative medicine specialist</p> <p>Provide initial and follow-up assessments and initial and updated management plans for patients referred to the palliative care team.</p> <p>Understand the philosophy and objectives of Palliative Care and the Palliative Care Team and set goals for practice within this framework</p> <p>Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to that patient. This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples.</p> <p>Work closely with members of the multidisciplinary team in provision of assessments for patients referred to the Palliative Care Team</p> <p>Develop and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team</p> <p>Respect responsibility of primary medical or surgical ward team managing patient and discuss all recommendations with that team</p> <p>Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day</p> <p>Monitor and review management plans in accordance with changes in the clinical condition of patients</p> <p>Document assessment summaries and management plans in patients' clinical notes</p> <p>Ensure weekend and overnight palliative management plans are documented in the notes</p> <p>Maintain a high standard of communication with patients, patients' families and whānau</p> <p>Maintain a high standard of communication with hospital and community health professionals and other staff including the patient's GP.</p> <p>Participate in review of patients under the care of the Palliative Care Team in conjunction with the multidisciplinary team</p> <p>Inform Palliative Care Team SMO of the status of patients especially if there is an unexpected event</p> <p>Attend timetabled team, hospital and relevant district wide meetings.</p> <p>Participate in research, policy/protocol development and audit as agreed with Clinical Lead SMO and run supervisor</p> <p>Ensure that relevant palliative care assessment summaries and management plans are forwarded to community providers and patients GP on discharge of the patient from the Palliative Care Team, or prior to discharge from the team if weekend</p>

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Area	Responsibilities
	discharge is anticipated
Administration	<p>Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and contact number legibly recorded</p> <p>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</p> <p>As an RMO working at WDHB you will be provided with a Concerto login and WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly</p>

Section 2: Hours of work

A full time registrar will work 42.5 ordinary hours per week between the hours of 0800 and 1630. There is no on call requirement for this run.

The scheduled activities are shown below. In addition to activities shown in the weekly schedules (timetabling of which may be subject to change) the registrar 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.

	Monday	Tuesday	Wednesday	Thursday	Friday
0800 - 1230	team meeting, paper round, discuss patient list patient assessments and other clinical or non-clinical activities (NSH or Waitakere)	team meeting paper round, discuss patient list patient assessments and other clinical or non-clinical activities (NSH or Waitakere)	team meeting paper round, discuss patient list patient assessments and other clinical or non-clinical activities (NSH or Waitakere)	team meeting, paper round, discuss patient list patient assessments and other clinical or non-clinical activities (NSH or Waitakere)	team meeting, paper round, discuss patient list patient assessments and other clinical non-clinical activities (NSH or Waitakere)
	Lunch break				
1230- 1330	NSH Medical Journal Club	NSH Grand Round	Combined CPE with North Shore Hospice medical team (alt weeks)		
1330 – 1630	Discuss new referrals patient assessments and other clinical or non-clinical activities (NSH or Waitakere)	Discuss new referrals patient assessments and other clinical or non-clinical (NSH or Waitakere)	Discuss new referrals patient assessments and other clinical or non-clinical (NSH or Waitakere)	Discuss new referrals patient assessments and other clinical or non-clinical activities (NSH or Waitakere)	Discuss new referrals patient assessments and other clinical or non-clinical activities (NSH or Waitakere)

Clinical activities may include reviewing outpatients, ward rounds, ward work, reading and responding to patient referral letters, grand rounds, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, research and study related to the treatment of a specific patient, telephone and other

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ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families, preparation of police, coroner, legal, ACC & similar reports.

Non - clinical activities may include teaching - (including preparation time), educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources, preparation of clinical resources

Section 3: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Training Time	Protected training time of 4 hours per week will be allocated for CPE, professional self development, medical learning and teaching sessions.
Hospice Placement	Placement in a community hospice in order to fulfil the training requirements of the Clinical Diploma of Palliative Medicine (RACP) may be arranged by agreement between the registrar, supervising consultant and relevant hospice

Section 4: 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 arrange a meeting with their primary supervising consultant to discuss goals and expectations for the run, review and assessment times arrange a meeting midway through their run for formative assessment after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their supervising consultant or designated consultant if supervising consultant is not available arrange a meeting towards the end of their run for summative assessment 	<p>The service will provide a suitable work and training environment that will foster excellence in patient care and support high quality education.</p> <p>An initial meeting between the supervising consultant (or designated consultant if supervising consultant is not available) and registrar will be arranged to discuss goals and expectations for the run, review and assessment times.</p> <p>An interim assessment report will be provided midway through the run after discussion between the registrar and the supervising consultant (or designated consultant if supervising consultant is not available).</p> <p>A final assessment report will be provided at the end of the run, a copy of which is to be sighted and signed by the registrar.</p> <p>The opportunity to discuss any deficiencies identified 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.</p>

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Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	42.5	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
All other unrostered hours	1.18	
Total hours per week	43.68	

Salary: The salary for this attachment will be detailed as a Category F.

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