

RUN DESCRIPTION

POSITION:	Palliative Medicine Registrar –elective train in modules
DEPARTMENT:	Palliative care team, Division of Medicine, Middlemore hospital South Auckland Hospice, Manurewa
PLACE OF WORK:	Middlemore hospital, South Auckland hospice,
RESPONSIBLE TO:	Clinical Director and Palliative Care Consultants (SMOs) for clinical matters. Business Manager of Medical Subspecialty, through a nominated Consultant for administrative matters and nominated supervisor(s) for training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Middlemore hospital, South Auckland hospice and community based healthcare workers
PRIMARY OBJECTIVE:	Involvement in medical management of patients referred to Palliative Care Services To fulfil the Inpatient & Community Hospice module requirements for advanced training for Fellowship of the Australasian Chapter of Palliative Medicine
RUN RECOGNITION:	This run is recognised by the RACP and Australasian Chapter of Palliative Medicine as a training position for specialist qualification
RUN PERIOD:	This run description applies to runs of either 6 or 12 months duration

Background:

The Middlemore hospital Specialist Palliative Care Service (SPCS) is the hospital-based and South Auckland Hospice is the community-based Palliative Care provider of the Counties Manukau DHB. The SPCS is a subspecialty in the Division of Medicine and is located in the staff centre of Middlemore hospital. South Auckland hospice is a free-standing facility providing a range of palliative care services, located at 140 Charles Prevost Drive, Manurewa.

The SPCS is a medical and nursing consultancy service providing palliative care to inpatients of Middlemore hospital in response to referrals from ward health professionals overseeing care of that patient. Services are also supplied fortnightly to an out-patient clinic servicing Counties Manukau patients. Patients eligible for specialist palliative care include those with active, progressive advanced disease for whom the prognosis is limited and the focus of care is quality of life *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”. Extraordinary 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.

South Auckland Hospice is a provider of comprehensive palliative care services by a range of healthcare professionals (including doctors, nurses, counsellors) both on an in-patient and out-patient basis within a defined geographical area of South Auckland. It provides both generalist (in partnership with General Practice and district nursing in community settings) and specialist palliative care (both advisory and clinically through Clinics and the in-patient unit at the hospice) to patients within the defined palliative care population. The advanced trainee will be involved in the community care as well as the in-patient setting during the attachment.

Combined Palliative Medicine Registrar Run Description last modified 01/10/08

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

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

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Understand the philosophy and objectives of Palliative Care and the Palliative Care Service 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 in-patients, both those referred to the Palliative Care Service in Middlemore hospital, in-patients and community care patients of South Auckland hospice</p> <p>Work closely with members of the multidisciplinary team in provision of assessments including investigations for patients referred to Palliative Care Service and South Auckland hospice outpatient clinics</p> <p>Develop, and implement management plans for in and out patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team</p> <p>Undertake diagnostic and treatment procedures appropriate to the subspecialty</p> <p>Monitor and review management plans in accordance with changes in the clinical condition of patients</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.</p> <p>Participate in review of patients under the care of the Palliative Care Service and South Auckland hospice in conjunction with the multidisciplinary team</p> <p>Inform Palliative Care Service/South Auckland hospice SMO of the status of patients especially if there is an unexpected event</p> <p>Attend scheduled paper case reviews, team and departmental meetings.</p>
Inpatients	<p>Provide initial and follow-up assessments and initial and updated management plans for in-patients referred to the palliative care service in MMH and in-patients at the SA hospice.</p> <p>Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day</p> <p>Respect responsibility of generalist ward teams and Primary Care teams managing the patient and discuss all recommendations with that team</p> <p>Document assessment summaries and management plans in patients' clinical notes</p> <p>Ensure palliative care records including discharge summary are forwarded to community</p>

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Area	Responsibilities
	<p>palliative care providers and patients GP on discharge of patient from the IPU service.</p> <p>Ensure palliative care records including discharge summary are forwarded to community palliative care providers and patients GP prior to discharge of patient from the service if weekend discharge is anticipated.</p> <p>Ensure weekend and overnight palliative management plans are documented in the notes</p>
Outpatients	<p>Assess and develop management plans for palliative patients referred to outpatient clinics</p> <p>Communicate with referring person and other relevant community services following patient attendance at clinics</p> <p>Arrange and perform outpatient investigations and appropriate follow-up</p> <p>Document assessment summaries and management plans and insert in patients clinical notes. Forward to patient's GP and to other relevant community services following patient attendance at clinics</p>
Community Care patients	<p>Assess patients and develop care plans for palliative patients in the community setting, on referral from the hospice community care nurses and General Practice teams. This may involve outpatient investigations and follow-up visits.</p> <p>The care plans will be discussed with the referring person(s) and a team approach to care will be fostered</p> <p>The care plans will be documented in the patient records and a copy will be sent to the referral source and other services involved in the patient care.</p>
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 locator number legibly recorded</p> <p>Participate in research and audit as agreed with training supervisor</p>

Section 2: Weekly Schedule

A full time registrar will work 45 ordinary hours per week between the hours of 0800 and 1700. There is consultant presence during these hours.

In addition, the registrar will participate in a 1:4 after hours first call roster. This will normally involve one night per week (1700 – 0800) and one weekend in four (1700 Friday to 0800 Monday). The Registrar will be available by telephone for occasional call back outside these hours.

There is a 1:4 rostered requirement for attendance in the hospice for a ward round 0800-1200 on Saturday and Sunday mornings.

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 SMO rounds, clinical activities, non clinical activities and protected training time may be subject to change.

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	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0900 - 1230 Outpatient clinic	0900-1000 multidisciplinary team meeting IPU hospice	0800 – 0830 paper round	0800 – 0830 paper round	0830 – 0900 paper round
p.m.		1400-1600 Hospital MDT rounds	1300-1400 education meeting hospice 1400-1500 MDT meeting with community care team		1300 – 1400 Grand Round hospital

Clinical activities may include outpatient & other clinics, home visits, 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 ad hoc consultations, discussions and meetings with care givers and patients' families, preparation of reports to General Practitioners, other HCP's and official bodies..

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: Cover

There is one registrar on this run and there is a consultant available on 2nd call during the on call duty hours.

Section 4: Training and Education

Nature	Details
Protected Training Time	Protected training time of 4 hours per week will be allocated for CPE, professional self development, medical learning and to attend teaching sessions with training supervisor. This will include time for attendance at journal club
The Registrar is expected to contribute to the education of nursing, technical staff and medical staff when requested	

Section 5: Performance appraisal

Registrar	Service
The Registrar will: at the outset of the run meet with their supervising consultant or designated consultant if supervising consultant is not available to discuss goals and expectations for the run, review and assessment times, after any assessment that identifies deficiencies, implement a corrective plan of action in consultation	The service will provide a suitable work and training environment that will foster excellence in patient care and support high quality education. 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.

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<i>Registrar</i>	<i>Service</i>
with their supervising consultant or designated consultant if supervising consultant is not available	<p>An interim assessment report will be provided midway through the run (after six weeks in the case of a 3 month run, after three months in the case of a 6 month 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>

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours (Mon-Fri) 45 Unrostered hours 2 Weekend ward round 2 Total hours 49 As part of the on call roster you will also be paid a fortnightly telephone allowance.	

This run is a Category E on the RMO scale.

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