

RUN DESCRIPTION

POSITION:	Spinal Rehabilitation Registrar
DEPARTMENT:	Auckland Spinal Rehabilitation Unit (ASRU), ARHOP, Intermediary Care Services
PLACE OF WORK:	Auckland Spinal Rehabilitation Unit, 30 Bairds Road, Otara, Auckland Mileage will be reimbursed at 9km return for each trip between the Spinal Unit and Middlemore.
RESPONSIBLE TO:	Service Managers and Clinical Director through the supervising Consultant and Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Spinal Rehabilitation Services)
RUN RECOGNITION:	This run is recognised by the AFRM (Australasian Faculty of Rehabilitation Medicine) as a training position for specialist qualification in Rehabilitation Medicine.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

Area	Responsibilities
Clinical Duties	<ul style="list-style-type: none"> The Registrar will ensure that all inpatients are reviewed and discussed with the interdisciplinary team, including nursing staff, and seen throughout the week as required. This may be delegated at appropriate times to the House officer. The Registrar will be available to attend consultant ward rounds and will have a current knowledge of the progress of inpatients under their care. The Registrar is expected to perform an independent weekly ward round along with the house officer at the Spinal Unit and report back to the Consultant for advice. The Registrar will answer calls from GP's, consultants and patients in the community and arrange to assess patients if necessary. This may include seeing referrals at other hospitals in the Auckland region. Referrals for Spinal Rehabilitation are to be seen by the rehab registrar with the Consultant in a timely manner with full documentation of the visit and review with the consultant regarding concerns, appropriateness and timing of rehab admission. Some referrals may be sent by outside hospitals within the Auckland region.

CMDHB Spinal Rehab Registrar Run Description – Effective 12 December 2011

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Area	Responsibilities
	<ul style="list-style-type: none"> • Although Admissions are generally done by the house officer, the registrar is expected to review the admissions and do admissions if needed due to case load or other factors. • The Medical portion of the Electronic Discharge Summary is to be completed by the house officer with assistance by the Registrar. • The Registrar will attend rostered outpatient clinics at ASRU under supervision and will endeavour to see outpatients at their scheduled appointment times. The outpatient responsibilities at the spinal unit will include active participation in interdisciplinary team reassessment clinics. Outpatients not previously seen in the Department will be discussed with the Consultant. • The Registrar may be required to attend outreach reassessment (follow-up) Clinics for Spinal Unit patients held for 2 days each month at various centres in the upper North Island along with the interdisciplinary team and a supervising consultant. • Clinical skills, judgement, knowledge and a holistic goal centred approach to rehabilitation are expected to improve during the attachment. • The Registrar is expected to attend weekly interdisciplinary team case conferences, run family and goal setting meetings and other team meetings as required. • Minor surgical procedures as well as injection techniques may be performed under consultant supervision as indicated.
Administration	<ul style="list-style-type: none"> • The Registrar and house officer are responsible for timely completion of the electronic discharge summary on discharge or death of each patient, recording principal and secondary diagnoses and treatment and procedures performed. • The Registrar is also responsible for the completion of death certificates for patients who have been under their care - this may be delegated to the house officer. • The Registrar will be expected to participate in audit programmes within intermediary rehabilitation services and, in particular, will be responsible for completion of a mortality audit form for each patient dying under his/her care and presenting this to the consultant. • A letter will be written to the patient's GP after each outpatient visit. The results of all investigations will be sighted and signed, and if necessary acted on before they are filed in the patient's chart. • Every new admission to the Spinal Rehabilitation Services will have the resuscitation status clearly documented and signed by the registrar on the appropriate forms in accordance with clinical board policy. When unsure the case will be discussed with the supervising consultant. • Registrars will 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."

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<i>Area</i>	<i>Responsibilities</i>
	<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 • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly

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Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	*08:00 – 09:00 ORTHO Teaching* Medical Handover 10:00-12:00 Registrar ward rounds	0800 – Medical Handover Ward reviews, Goal setting meetings (GSM), admissions, Discharges (DCs); may start consultant ward rounds if Consultant available.	0800 – Medical Handover 8:30 – 10:30 ASRU IDT meeting 11:00 – 12:30 OPC Registrar Team ASsessments	*07:30 – 08:30 Rehab Teaching ASRU* Medical Handover 10:00 – 1:00 OPC Registrar Team Assessments	0800 – Medical Handover 09:00 – 11:30 Ward Round shared by Reg and HO (Occasional Admissions & Discharges), Goal Setting mtgs
p.m.	13:00 – 16:00 Registrar ward rounds Admissions, Discharges, Goal Setting mtgs	13:00 – 17:00 ASRU Consultant Wd Rd	13:00 – 14: 30 OPC Registrar Team Assessments 16:00-17:00 Registrar SCI Pt Education / Spinal 101 (provided 2-3x per run)	*14:00 – 16:30 Registrar Self-Directed learning*	*12.15 – 13:30 Medical Grand Round* 13:30 – 15:00 Ward Round shared by Reg and HO Weekend sign out *15:30 – 17:00 Additional Rehab Registrar weekly teaching either at Rehab Plus or Cavit ABI *
		*17:30- 19:00 Monthly Rehab Journal Club	*17:00 – 19:00 monthly teleconference AFRM		

Note: dates and times for the sessions above may change. Not scheduled are family conferences or goal setting meetings (3-4 per week at 1h each meeting), and referrals (3-6 per week at 1-1½ h each referral, travel time not included. Pts seen at MMH, ACH, NSH, occasionally other outside hospitals).

Admissions are generally done by the house officer, but the registrar is expected to review admissions and do admissions if needed. Both Admissions and Discharges are within the scope of the registrar's shared duties and are not formally scheduled. (1-4 admissions per week at 1 ½ - 2h each and 1-4 discharges per week at 1/2 – 1h each.

Registrar Self-directed learning of 2-3 hours per week to be determined/scheduled according to other learning sessions scheduled that week.

“*” indicates structured teaching sessions.

AFRM = Australasian Faculty of Rehabilitation Medicine

Other teaching is available depending on the sub-speciality and interest. Please refer to Southnet for days and times.

Education

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Education

On occasion, the Registrar may be requested to teach nursing staff, allied health and medical students. There will be a minimum of 4 hours of educational sessions per week which includes specialist Registrar training at a number of sites when clinical duties allow, the weekly Orthopaedic Clinical Meeting, weekly Medical Grand Rounds at Middlemore Hospital attendance at quarterly Quality Assurance meetings (unless on urgent clinical duties), other relevant meetings within the Auckland region as well as self directed learning.

The Registrar is expected to actively participate in in-service and patient education programmes at the Spinal Rehabilitation Unit. If these are held after hours due reimbursement will be given on par with the RMO's collective contract.

The registrar will be encouraged and supported to attend formal training sessions of the AFRM held in New Zealand whenever possible. This may extend to attendance at national conferences, formal training sessions of the AFRM and other training sessions held in Australia with relevance to the field of Rehabilitation Medicine as part of their training requirement.

Research

A research project or document audit may be undertaken during the attachment subject to approval by the Clinical Head of Rehabilitation.

Section 3: Roster

Roster

The normal hours of work are from 0800 to 1630, Monday to Friday. In addition, the Registrar will participate in, and be remunerated for, after hours and weekend on-call at the Spinal Unit rostered on a 1:3 to 1:5 frequency dependent upon staffing, (Mon – Fri 1630 – 0800 (next day), Sat / Sun /public holidays -24 hr On-call cover). This is not an on-site call but may require coming into the unit to review patients in need.

A supervising consultant is always available as 2nd on call.

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Section 4: Cover

Other Resident and Specialist Cover

The Intermediary Care generally employs a reliever to cover absence from work on planned annual leave as well as study leave. Leave cover is arranged on a "first come first served" basis and applications for annual leave/study leave should be submitted as early as possible to provide the reliever reasonable notice of his/her roster. Covers for annual leave will be negotiated prior to leave being approved.

Sick absence is covered within the Department unless a reliever is available.

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will;</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • Ensure a mid run assessment is completed after discussion between the Registrar and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service. 	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> • 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; • An interim assessment report on the Registrar six (6) weeks into the run, after discussion between the Registrar and the Consultant responsible for them; • 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; • 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.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>								
<table> <tr> <td>Basic hours (Mon-Fri)</td> <td>40</td> </tr> <tr> <td>Rostered additional hours (inc. nights, weekends & long days)</td> <td>5</td> </tr> <tr> <td>All other unrostered hours</td> <td>5</td> </tr> <tr> <td>Total hours per week</td> <td>50.0</td> </tr> </table>	Basic hours (Mon-Fri)	40	Rostered additional hours (inc. nights, weekends & long days)	5	All other unrostered hours	5	Total hours per week	50.0	<p>The Service will be responsible for the preparation of any Rosters.</p>
Basic hours (Mon-Fri)	40								
Rostered additional hours (inc. nights, weekends & long days)	5								
All other unrostered hours	5								
Total hours per week	50.0								

Salary The salary for this attachment will be as detailed in a **D** Run Category. + On Call Arrangements and Call-back as required.

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