

RUN DESCRIPTION

POSITION:	Respiratory Registrar
DEPARTMENT:	Respiratory Medicine, Medical Services
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of patients under the care of Department of Medicine (subspecialty Respiratory Medicine)
RUN RECOGNITION:	This run is recognised by the RACP as a training position for specialist qualification.
RUN PERIOD:	6 months

Section 1: Registrar's Responsibilities

Area	Responsibilities
Clinical Duties	<ul style="list-style-type: none"> • The Respiratory Registrar will: <ul style="list-style-type: none"> – Undertake two respiratory outpatient clinics per week – Review inpatient respiratory referrals prior to involving the Consultant - 3 days per week. – Assist in one bronchoscopy session per week. – Undertake supervision and reporting of tests in the lung function laboratory on a regular basis. – Assist in the management of patients requiring acute non-invasive ventilation. – Assist other Registrars and House Officers with pleural procedures when requested. – To attend monthly meetings of the Respiratory Quality Improvement Group (RQiG) • The Registrar will maintain a high standard of communication with patients, patients' families and staff. The Registrar will confer at all times with other clinical team members regarding discharge planning and progress of patients. • Clinical skills, judgement and knowledge are expected to improve during the

CMDHB Respiratory Registrar Run Description - Effective 12 December 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Area	Responsibilities
	attachment. <ul style="list-style-type: none"> • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and nursing instructions) will be accurately and legibly recorded and legibly signed. • The results of all investigations will be sighted and signed. The responsibility for results relating to inpatients may be shared with the team House Officer. The Registrar will refer results to the Consultant where there is uncertainty about the significance of the result. • A letter will be written to the patient's GP after each outpatient visit. • The Registrar is responsible for the completion of death certificates for patients who have been under their care, although this may be delegated to a House Officer. • The Registrar is expected to attend a weekly department meeting and attend the weekly Medical Division Clinical Meeting. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • 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." • 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

CMDHB Respiratory Registrar Run Description - Effective 12 December 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 – Medical Handover	0800 – Medical Handover 1145 – Radiology Conference	0800 – Medical Handover	0800 – Medical Handover 1145 – General Medicine Journal Club	0800 – Medical Handover
p.m.	1215 – SACS Lecture Series (every 4th week)		1300 – Medical Teaching @ ADHB		12.15 – Medical Grand Round

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

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

Education

Through example and supervision the Registrar will actively contribute to the education of House Officers. The Registrar will be involved in teaching other health care workers, junior medical staff, and medical students, in particular participating in the formal Friday midday seminars.

The Registrar is expected to attend the weekly Respiratory Case Conference and CME activities (Respiratory Education Meetings, journal club etc).

The Registrar is expected to attend the monthly regional respiratory meeting at Auckland City Hospital.

Research

A clinical research project may be undertaken during the attachment subject to approval by the Manager, Medical Services and the Clinical Head - Respiratory Medicine. Quality improvement activities, such as clinical audit, are also encouraged.

Section 3: Roster

Roster

- 1 in 4 weekends (1 x 0800 – 2200, 1 x 0800 – 1600)
- 2 long days in 4 weeks 0800-2230
- Monday to Friday 0800 – 1600

Section 4: Cover

Other Resident and Specialist Cover

CMDHB Respiratory Registrar Run Description - Effective 12 December 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Other Resident and Specialist Cover

From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care.
The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.
A Respiratory Consultant is available if required 24/7.

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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Basic hours (Mon-Fri)</td> <td style="text-align: right;">40</td> </tr> <tr> <td>Rostered additional hours (inc. nights, weekends & long days)</td> <td style="text-align: right;">9.9</td> </tr> <tr> <td>All other unrostered hours</td> <td style="text-align: right;">5.0</td> </tr> <tr> <td>Total hours per week</td> <td style="text-align: right;">54.9</td> </tr> </table>	Basic hours (Mon-Fri)	40	Rostered additional hours (inc. nights, weekends & long days)	9.9	All other unrostered hours	5.0	Total hours per week	54.9	<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)	9.9								
All other unrostered hours	5.0								
Total hours per week	54.9								

Salary The salary for this attachment will be as detailed in a **D** Run Category.