



RUN DESCRIPTION

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|----------------------------------|---|
| POSITION: | Emergency Medicine (ED) Registrar |
| DEPARTMENT: | Emergency Medicine |
| PLACE OF WORK: | Hawkes Bay Hospital |
| RESPONSIBLE TO: | Clinical Director and Manager, through a nominated Consultant/Physician. |
| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospital and community-based healthcare workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the Emergency Medicine Service |
| RUN RECOGNITION: | Australasian College for Emergency Medicine |
| RUN PERIOD: | Six months |

Section 1: Registrar's Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
|----------------|---|
| General | <p>CLINICAL RESPONSIBILITIES Assess patients who are referred to the speciality for assessment including:</p> <ul style="list-style-type: none"> • Taking a history, performing a physical examination and formulating a management plan in consultation with and/or consultant, for all self-referred patients, patients referred to ED by GPs and orthopaedic patients • Registrars work under delegated responsibilities to the supervising 'on duty' consultant • Member of medical emergency/trauma team within the emergency department. • Review radiology/laboratory results of discharged patients from the department. Refer abnormal results to patient GP. • Implement treatment of assigned patients, including ordering investigations and monitoring results. • Arrange appropriate disposition for patients seen. • Perform required procedures in consultation with the consultant. • Liaise with other staff members, departments and GPs in the management of their patients. • Communicate with patients and their families about patient's illness and treatment |

| <i>Area</i> | <i>Responsibilities</i> |
|------------------------|---|
| | <ul style="list-style-type: none"> • Ensure appropriate discharge planning is completed eg. clinic follow up, home care services, GP advised, ACC documentation etc. • Certification of deceased as required by NZ Police. • Refer patients who have died unexpectedly to the coroner. • The ED registrar will act as a resource for house officers, interns and medical students rotating through the ED • Participate in multi-disciplinary teaching sessions. |
| Acute admitting | <p>The ED registrar will refer patients for admission to the registrar of the appropriate inpatient team.</p> <p>Patients requiring HDU/ICU admission will be discussed with the on duty ED consultant who will refer the patient to the Intensivist.</p> |
| On-Duty | <ul style="list-style-type: none"> • All on duty shifts are worked in the Emergency Department • Shifts consist of D, M, E, L, and N shifts (defined under Hours of Work) |
| Administration | <p>Registrars are required to fully document patient care.</p> <ul style="list-style-type: none"> • All patients are to have current records of relevant clinical history, clinical assessment investigations, treatment plan and documented discharge plan • Detailed documentation of surgical procedures. • Use telephone dictating system • All case notes entries are to be clearly legible, dated, timed and signed. • Documentation of the Specialist involved in establishing the management plan • Ensure discharge summaries are completed prior to discharge. |

Section 2: Training and Education

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

There is a minimum of 4 hours per week medical learning, which includes the weekly ED registrar teaching session, monthly journal club, and 2nd monthly morbidity and mortality meeting session. Ad hoc simulation sessions occur in Resus on D shifts when service provision conditions allow.

There is separate Part 1 and Part 2 Examination preparation sessions for ACEM trainees preparing for these examinations.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|--------|-------------------------------------|-----------|----------|--------|
| a.m. | | | | | |
| p.m. | | ED Registrar Teaching 1pm to 4pm | | | |
| | | | | | |

PROTECTED TIME:

The Registrar will participate in Quality Assurance programmes such as Clinical Audits etc.

The Registrar shall attend ED registrar teaching program on Tuesday afternoons.

ONGOING:

Ongoing education, development and maintenance of skills:

- Direct ED consultant clinical supervision, teaching, and feedback whilst working as part of the Emergency medicine team
- Work-based Assessments in the ED for ACEM trainees
- In-theatre education (supervised lists) arranged in the Registrar's own time

Section 3: Roster

Roster

Hours of Work

Hours of Work

Emergency Medicine is a shift roster and the registrars could be rostered to the following duties:

'D' (Day) shift = 0800-1800hrs

'E' (Evening) shift = 1400–2400hrs

'M' (Middle) shift = 1000-2000hrs

'L' (Late) shift = 1800-0200hrs

'N' (night) shift = 2230-0830hrs

This template allows for 3 x weeks of relief cover – weeks 2 + 6 + 11, with week 2 having the potential to provide weekend relief cover. In week 6 the relief cover provided cannot be for night duties

Planned Leave

The department encourages registrars to apply for leave with as much notice as possible, preferably before the start of the run and before the roster is written. Notification of whether leave has been approved will be given within 2/52 as per MECA

No more than three registrars are able to be away on leave at any one time during weekdays, and no more than two can be away over the weekends

Unexpected leave

If a registrar is unable to attend duties at short notice (eg. due to sickness) the registrar is required, as soon as the situation is apparent, to contact the on duty ED consultant and then message the RMO Unit (eText, email or x5808), who will liaise with the clinical staff to help to arrange appropriate cover.

Work Schedules

The department is committed to where possible, tailoring the day to day clinical duties to the individual registrars needs and abilities, within the constraints of the department.

Section 4: Cover:

Other Resident and Specialist Cover

The ED service is covered by 10 (8.9FTE) Specialists, 15 Registrars, and eight House Officers.

Each day there are always at Specialist on duty, a 'D' shift + 2 x Registrars working 'E' shift +2 x Registrars working 'L' shift and 1 x Registrar working the 'N' shift. The HOs are rostered so that one is rostered to the 'day', 1 is rostered to the 'middle' shift, 1-2 are rostered to the 'evening' shift and 1 is rostered to the 'night' shift

1. Patients will be seen within the appropriate triage category waiting time to the extent that higher acuity patients are prioritised and departmental workload and assessment space allow.
2. When the ED consultant is not present in the department the registrar is required to call the on call consultant
 - a. For any Triage 1 (under resuscitation) patient
 - b. When the work volume is resulting in potential threats to patient care and safety
 - c. Whenever in need!and specify whether they require advice or urgent consultant presence.
3. The ED consultant group want and expect to be contacted if there are any concerns about a clinical situation. They are required to attend at ANY TIME if requested by the registrar.

Section 5: Performance appraisal

| <i>Registrar</i> | <i>Service</i> |
|--|---|
| <p>Performance reviews are done every 3 - 6 months. All consultants are involved in the reviews and feedback to registrars is given by the Director of Training +/- the Clinical Unit Leader. +/- Head of Department (HoD)</p> <ul style="list-style-type: none"> • The registrar may meet with the Directors of Medical Training (DEMTs) at the start of run to identify goals and discuss responsibilities. • For trainees enrolled in the ACEM programme this should be documented using the on-line supervisor's reports and they should keep a record of their training as required by the College. • Registrars not enrolled with the ACEM programme will maintain a record of their training. All Registrars who are registered under the general scope of practice who are not on a vocational training programme will be required to join the "Bpacnz Recertification Programme" at recertification time [when their Annual Practising Certificate is due for renewal]; through this programme they will be required to complete: <ul style="list-style-type: none"> • a Professional Development Plan (it is understood that a 'Career Development Plan' would fulfil the same function) • 20 hours of CME • 10 hours of Peer review • a Clinical Audit • the required number of meetings with the nominated Collegial Relationship Provider (six in the first year and four in subsequent years) <p>Please note that whether the Registrar is on a vocational training programme or is a non-trainee, if any deficiencies are identified during the clinical attachment, the supervising consultant will discuss these with the Registrar at the time (preferably no later than two thirds of the way through the run), and make a plan to correct or improve performance.</p> <p>Serious problems with clinical performance will be managed as follows:</p> <ul style="list-style-type: none"> • Trainees enrolled in the ACEM programme: concerns will be identified by the supervising consultant to: the trainee's educational supervisor and the business manager to ensure that all local HR policies and frameworks are adhered to. • Non-trainees will be identified by the supervising consultant to: <ul style="list-style-type: none"> • the department's clinical leader and • the business manager to ensure that all local HR policies and frameworks are adhered to. <p>The Health Workforce New Zealand (HWNZ) and the Resident Doctor's' Association (RDA) have worked together to produce career planning forms (CDPF) and Vocational Career Design guidelines. A supervision report form is required to be completed at the end of each clinical attachment:</p> | <p>The Emergency Medicine service will provide</p> <ul style="list-style-type: none"> • DEMT supervision of all ACEM trainees • A formal mentoring program for all Registrars who indicate interest in this • Real-time on floor ED consultant supervision and provision of direct assistance in the management of resuscitation patients and in any patients where this assistance is indicated • Consultant supervision for Work-based Assessments required by ACEM trainees • The DEMTs and Head of Department are readily available to meet with any Registrar(s) to address issues or concerns that arise • Medical Council of New Zealand (MCNZ) supervision for overseas-trained Registrars; 3 monthly supervisor reports with feedback • MCNZ supervision of "Texan" Registrars; End of run assessment and feedback • ED Registrars will have an ED consultant allocated to provide support, feedback, and supervision under Bpacnz |

| <i>Registrar</i> | <i>Service</i> |
|--|----------------|
| <p>Hawkes Bay DHB has developed a document to help the registrar determine their career plans and options:</p> <p>Copies of all assessments should be forwarded to the RMO Unit for filing</p> <p>It is the individual registrar's responsibility to maintain and complete these assessments and reporting requirements in a timely manner.</p> | |

Section 6: Hours and Salary Category – Choose appropriate option

RDA MECA

| RUN CATEGORIZATION | |
|--|---|
| <p>Average Weekly Hours:</p> <p>Weekly Hours = 18.00 hours over 14 weeks N/C Days = 0.71 hours over 14 weeks Weekend Hours = 6.57 hours over 14 weeks Nights = 5.38 hours over 14 weeks Total: 30.66 hours over 14weeks</p> <p>RUN CATEGORY = 'F' but PAY CATEGORY C</p> <p>COVER FOR LEAVE Cover for leave is provided by the Leave Reliever(s).</p> | <p>Ordinary hours / shifts: (A shift roster is used in ED. The registrar is paid up two additional pay categories for working the shift roster. ED is also paid at the minimum of a 'C' category. This is a 14 week roster for registrars)</p> <p>1. Weekday shift: Monday to Friday 0800 – 1800hrs 1400 – 2400hrs 1800 – 0200hrs (The registrar may be rostered to work 28 weekday shifts in an 18 week period- this includes relief shifts)</p> <p>2. Weekend shift: Saturday and Sunday 0800 - 1800hrs 1400 – 2400hrs 1800 – 0200hrs (The registrar may be rostered to work ten weekend shifts in a 14 week period)</p> <p>3. Nights: Monday – Sunday 2230 – 0830hrs (The registrar may be rostered to work 8 nights in an 14 week period)</p> <p>4. The registrar rostered to the reliever role will be automatically rostered to the evening 'E' shift if there is no planned or short notice leave to cover. For short notice leave the relieving registrar will get paid 'extra duties' to work that shift. Due to service requirements in the face of annual leave, registrars will occasionally be asked if they could work an extra weekend on relief (week 2 on 14 week roster)</p> <p>Timesheets Electronic timesheets must be authenticated through the Payroll system – PALS</p> |

SToNZ MECA

24/7 rotating shift roster or it is a non-shift roster and clause 12.1.2b does not apply because there are no week day RDOs on the roster

Where no weekday RDOs are observed, the following run category will apply:

| <i>Average Working Hours - SToNZ Run Category</i> (RDO's are worked) | Service Commitments |
|---|--|
| Ordinary Hours | The Service, together with the RMO Support will be responsible for the preparation of any Rosters. |
| Rostered Additional (inc. nights, weekends & long days) | |
| All other unrostered hours | |
| Total Hours | |

Salary: **The salary for this attachment will be detailed as a Category B run. If the run category includes call back it must explicitly state that.**



Our Vision and Values

Te hauora o te Matau-a-Māui: Healthy Hawke's Bay

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.



1 HE KAUANUANU RESPECT

Showing **respect** for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

1 ĀKINA IMPROVEMENT

Continuous **improvement** in everything we do. This means that I actively seek to improve my service.

1 RARANGA TE TIRA PARTNERSHIP

Working together in **partnership** across the community. This means I will work with you and your whānau on what matters to you.

1 TAUWHIRO CARE

Delivering high quality **care** to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.