

Te Whatu Ora

Health New Zealand

Te Matau a Māui Hawke's Bay

RUN DESCRIPTION

POSITION:	Emergency Medicine (ED) Registrar
DEPARTMENT:	Hospital Group – Medical
PLACE OF WORK:	Hawke's Bay Hospital – may be required to attend outpatient clinics in peripheral units within Te Whatu Ora - ` Hawke's Bay catchment
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</p> <p>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 • 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.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • 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>House Officers 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 below 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.			1300 – 1400 ED Registrar Teaching		

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

<i>Roster</i>	
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

<i>Other Resident and Specialist Cover</i>
<p>The ED service is covered by 10 (8.9FTE) Specialists, 15 Registrars, and eight House Officers.</p> <p>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</p> <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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. 4.

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 	<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 are allocated to provide support, feedback, and supervision under Bpacnz

<i>Registrar</i>	<i>Service</i>
<ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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>Te Whatu Ora - ` Hawke's Bay 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>	

Our Vision and Values

Te hauora o te Matau-ā-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.



HE KAUANUANU RESPECT

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

ĀKINA IMPROVEMENT

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

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.

TAUWHIRO CARE

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