

RUN DESCRIPTION

POSITION:	Paediatric Registrar / Senior House Officer
DEPARTMENT:	Whanau & Communities
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 Paediatric Service.
RUN RECOGNITION:	Recognised for Basic and Advanced Training by RACP
RUN PERIOD:	Recognised for Basic and Advanced Training by RACP

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>CLINICAL RESPONSIBILITIES AND DUTIES – FOR THE WHOLE TEAM</p> <ul style="list-style-type: none"> • Attendance at daily team handover meetings (0830 and 1600 hrs) to discuss all inpatients and agree on work plans. • Do daily ward rounds of all paediatric medical inpatients in SCBU and the Paediatric Ward, and organise their ongoing care, investigations, and discharges (with consultant support). • Attend all referrals from the Postnatal Ward, including performing baby checks at the request of the LMC. • Cover medical paediatric emergencies in the Emergency Department and attend all referrals from the ED staff. • Cover Delivery Suite and attend all referrals from the Obstetric and Delivery Suite team, including attendance at high-risk deliveries and new-born resuscitations when requested. • Be responsible for GP referrals made acutely to the Paediatric Team when rostered on. These children may be seen acutely, semi-acutely or referred to outpatients. • Be responsible for the admission of medical patients to the paediatric medical ward. • Review children booked in the Paediatric Assessment Unit. • Provide back-up for medical paediatric patients in the ICU.

Area	Responsibilities
	<ul style="list-style-type: none"> • Attend paediatric resuscitations. • There are a number of clinics to be performed by registrars each week with consultant help available. Outpatient experience is an important aspect of the run and all registrars will get this opportunity. • Timely completion of electronic patient discharge summaries and prescriptions. • Attend Paediatric Meetings at Tuesday lunchtime, Hospital Grand Round at Wednesday lunchtime, Friday x-ray conference and Friday education sessions and other teaching sessions as arranged. • Regular review of lab results and X-rays on computer system. • Awareness and use of Te Whatu Ora - ` Hawke's Bay guidelines and protocols. For most clinical conditions we use guidelines developed and maintained by Starship Children's Hospital (general paediatrics and subspecialties) and National Women's Hospital and Wellington NICU (SCBU). The New Zealand National Formulary for Children is our most common drug and prescribing resource. <p>NOTES</p> <ul style="list-style-type: none"> • After hours and on weekends, the above tasks are the responsibility of the registrar / SHO's on duty with support from the paediatric consultant. The paediatric consultant 'on call' for the weekend is present for the ward rounds, is available at all times by cell phone and can attend within 20 minutes. • On weekdays there are between two and five RMOs available to cover ward duties and clinics. The ideal is to have one RMO covering the Children's Ward, one covering SCBU, and one covering PAU. • Registrars/Senior House Officers are partly responsible for the supervision of less experienced RMOs on duty for paediatric cover outside ordinary hours and are partly responsible for the supervision of RMOs on the paediatric ward. • Registrars/SHOs are expected to keep the consultant informed of significant clinical events and challenges. If in doubt ... inform. Discuss all cases where child abuse of any kind is suspected. • Registrars/Senior House Officers are regarded as key team members and are expected to make a wider contribution to service quality initiatives including education, meetings, audit, teaching and administration. • Registrars/SHOs are responsible for following up the results of any investigations they order. These need to be checked and signed off on the Clinical Portal. The Registrar/SHO should liaise with the Specialist if an unexpected result is found or if they have any concerns.
On Duty	<p>ACUTE DUTIES – FOR THE INDIVIDUAL ACUTE REGISTRAR/SHO</p> <ul style="list-style-type: none"> • The acute Registrar / SHOs are responsible to the Consultant "on-call" for the day. • At all times (except between 2130 and 0830hrs overnight and between 1630 and 2300hrs on Saturdays and Sundays) there are at least TWO Registrars / Senior House Officers on duty on site. • From 2330 until 0830hrs each night, and between 1630 and 2300hrs on Saturdays and Sundays, there is ONE Registrar/SHO on duty on site. Overnight and on weekend evenings this one Registrar / Senior House Officer is responsible for all calls. • One Registrar /Senior House Officer is responsible for general paediatric calls (from GPs, ward, ED and ICU) that they receive through their personal pager. • One Registrar / Senior House Officer is responsible for Delivery Suite calls and carries an separate pager (The Black Pager) for this purpose. • There is a designated consultant on call at all times, available immediately by cell phone and in person within 20 minutes. Early and frequent discussions are encouraged. • All children and new-borns are to be admitted using the approved pro-forma for ward (handwritten) and SCBU (computer based).

Area	Responsibilities
	<ul style="list-style-type: none"> Attend to the duties described above under “CLINICAL RESPONSIBILITIES AND DUTIES”
Administration	Registrars are required to fully document patient care. <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. 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 wherever possible.

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. All ward rounds are teaching and learning opportunities

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					1200: Xray Conference
p.m.		Lunch: Paediatric Clinical Meeting (Cases, Audits, Journal Club)	Lunch: Hospital Grand Round		1300: Starship Grand Round

NOTES

Registrars / Senior House Officers will be expected to play an active role in education and quality assurance programmes, including:

- Clinical Audit – at least one per year of attachment
- Mortality and Morbidity Meetings – Perinatal, General Paediatrics
- Tuesday lunchtime meetings (Journal Club, case presentations)
- Wednesday lunchtime Hospital Grand Round
- Friday morning X-ray conference
- Friday Starship Children’s Hospital Grand Round
- Quarterly ED/Paediatrics combined meeting
- Visiting Specialist Clinics
- Exam preparation and practice sessions (DCH, FRACP).
- On the job ... ward round, clinics, handover

Section 3: Roster

Roster

Hours of Work

Normal Days	Mon – Sun	0830hrs – 1630hrs (8 hours)
Evenings	Mon – Fri	1600hrs – 2400hrs (8 hours)
Long Days	Mon – Fri	0830hrs - 2100hrs (12.5 hours)
Nights	Mon – Sun	2300hrs – 0900hrs (10 hours)
Long Day (weekend)	Sat – Sun	0830hrs - 2330hrs (15 hours)

Each Registrar will provide cover out of 'ordinary hours of work' as per the roster template. The roster is developed by a designated Registrar, with the assistance of the RMO Unit when gaps are identified.

Planned Leave

It would be greatly appreciated, if leave can be applied for 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.

Periods of leave shall not be used in determining hours worked.

Unexpected leave

If a Registrar / SHO is unable to attend duties at short notice (e.g. due to sickness) the Registrar / SHO is required, as soon as the situation is apparent to leave a message with the RMO unit and the paediatric clinical team.

Work Schedules

The department is committed to tailoring the day to day clinical duties to the individual Registrar's or SHO's needs within the constraints of the department.

Rosters

Rosters shall not be rewritten unless there is a permanent change in the numbers of RMOs on the roster.

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Paediatrics is covered by eleven Paediatricians and ten Registrars/Senior House Officers.</p> <p>There are nine acute Paediatricians (6.8 FTEs) providing support 24/7. There is always a Consultant and a Registrar/Senior House Officer on duty 0830-1630hrs. After hours cover is provided through running the following rostered shifts.</p> <p>There is always a rostered ‘on call’ Paediatrician. They are available immediately by mobile phone and can at all times attend within 20 minutes.</p> <p>Paediatricians want and expect to be in attendance, if you have any concerns about a clinical situation. They are required to attend at ANY TIME if requested by the registrar or SHO.</p> <p>The Registrar/SHO is required to CALL FOR PAEDIATRICIAN SUPPORT IMMEDIATELY:</p> <ul style="list-style-type: none"> • When there is an ‘at risk’ situation • When the work volume is excessive • Whenever in need! • Early discussion is encouraged

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>Each Registrar / Senior House officer has a designated training supervisor for each six-month period.</p> <p>Each Registrar / Senior House officer should regularly meet with their supervisor about every six weeks.</p> <p>The meetings are to agree on training and professional goals, monitor progress and provide formal feedback. This is a two-way process.</p> <p>Registrars / Senior House Officers enrolled in the RACP Basic or Advanced Training Programme have feedback documented through the ePort system. Trainees should keep their own records of their training goals and feedback.</p> <p>In addition to clinical supervision, the Paediatric Registrar / Senior House Officer can select a personal mentor.</p> <p>If any deficiencies or problems with clinical or professional performance are identified, the supervising consultant will discuss this with the Registrar/Senior House Officer as soon as possible, offering time to develop plans to correct and improve performance.</p> <p>Serious problems with clinical performance that cannot be resolved will be referred to the appropriate RACP contacts and will be fed through management.</p>	<p>The supervisors provided by the service have all had RACP Supervisor training and take their responsibilities seriously.</p> <p>It is the ultimate responsibility of the Registrar/SHO to ensure that supervision meetings are held in a timely way.</p>

<i>Registrar</i>	<i>Service</i>
<p>Serious problems with clinical performance will be managed as follows:</p> <p>Trainees enrolled in the RACP programme: concerns will be identified by the supervising consultant and referred to the trainee’s educational supervisor and the business manager to ensure that all local HR policies and frameworks are adhered to.</p> <p>Non-trainees: concerns will be identified by the supervising consultant and referred to the department’s clinical leader and the business manager to ensure that all local HR policies and frameworks are adhered to.</p>	

Section 6: Hours and Salary Category

Average Working Hours - RDA Run Category (RDO's are worked)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-3.20	
Rostered Additional (inc. nights, weekends & long days)	22.69	
All other un-rostered hours	1.62	
Total Hours	61.11	

Salary: The salary for this attachment will be detailed as a **Category B** run.

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.

RARANGATE 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.