



RUN DESCRIPTION

POSITION:	Trauma & Acute Surgery Fellow
DEPARTMENT:	Trauma
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Director, Trauma Service
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers and hospital based healthcare workers
PRIMARY OBJECTIVE:	Work with various clinical teams throughout the Hospital caring for injured patients, coordinate necessary resources, manage the episode of care to achieve the best outcomes and document the severity of injury.
RUN RECOGNITION:	This run is a post-surgical training fellowship position
RUN PERIOD:	12 months

Relationships:

<i>External</i>	<i>Internal</i>	<i>Committees/Groups</i>
Health care consumers Family/whanau members Visitors/members of the public Volunteers Other agencies involved in trauma services Community agencies	Patient Care Coordinator Trauma Service A variety of clinical care teams throughout the hospital Other interdisciplinary support personnel Other wards/departments Management teams	Trauma Care Committee

Section 1: Fellow's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Day to day management of ward and facilitation of communication between members of multidisciplinary team and GP's. • Assess patients who are referred to the service for admission including taking a history, performing a physical examination and formulating a management plan and discuss with Consultant as appropriate. Assessment should take place as soon as possible after notification of the arrival of a new patient. If delays are anticipated this task maybe delegated. • See assigned patients on a daily basis (Monday to Friday) • Attend ward rounds when current knowledge of the progress of all patients under the team's care is expected. • Implement treatment of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Consultant. • Follow Departmental or Unit guidelines and protocols that may exist for the management of particular conditions. • Prescribe medications and fluids as directed by the Consultant. • Perform required procedures and seek supervision of Consultant where appropriate. • Organise, attend and participate in any Multidisciplinary Team Meeting or Radiology Conference scheduled for the surgical team. • Ensure that patients are adequately prepared for surgery According to Consultant requirements. • Perform acute operating lists as required under supervision of Consultant. • Liaise with other staff members, departments and General Practitioners in the management of patients. • Perform outpatient clinics as required under supervision of Consultant. Outpatients not previously seen by the service or who are to be discharged, will be discussed with a Consultant. • Perform Ward consultations as required with appropriate management and follow up and to discuss all inpatient assessments with the Consultant. • Clinical skills, judgement and knowledge are expected to improve during the attachment • Liaise with House Surgeons and ensure that they are performing their duties to a required standard and are receiving adequate assistance. • Attend patient handovers as appropriate particularly early morning and at end of long day shift. Also attend team and departmental meetings as required. • Maintain a high standard of communication with patients, families and staff about patients' illnesses and treatment. • Inform consultants of the status of patients, especially if there is an unexpected event
Admitting	<ul style="list-style-type: none"> • Assess and admit General Surgery patients referred by ED or from the community or from other units within Auckland City Hospital when required by the relevant roster.
Ward Review	<ul style="list-style-type: none"> • Review patients in other wards when required by the roster.
Acute Call	<ul style="list-style-type: none"> • The Fellow will contribute to the General Surgery Registrar on call roster

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • When on acute call, be available within hospital to attend calls as soon as possible. • When on acute call respond to General Practitioner calls, arranging assessment as necessary. • Authorise patients to be transferred to and be seen by to the General Surgery service when appropriate. • Liaise with Consultant and the Senior Registrar as required • When on call, respond to requests by Nursing Staff and other members of Medical Staff to assess and treat inpatients under the care of other teams. This will require the Registrar to prioritise tasks. Conflicts in prioritisation can be resolved by discussion with the Duty Manager and Consultant.
Inpatients	<ul style="list-style-type: none"> • When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the Clinical Director. • Ensure images are available for ward rounds and inspection at other times as required. • Ensure relevant documents, e.g. discharge summary, including follow-up arrangements are despatched in a timely fashion as agreed by the Clinical Director. • Ensure management plans for patients are appropriately documented . • Arrange for appropriate cover of Team's patient when not on-call for evening and weekend by satisfactory handovers with other registrars.
Outpatients	<ul style="list-style-type: none"> • Assess and manage patients referred to outpatient clinics with appropriate support from senior registrar and consultant as required. • Communicate with referring person following patient attendance at clinics. A letter to the patient's General Practitioner must be dictated after each outpatient visit.
Administration	<ul style="list-style-type: none"> • Keep adequate and legible records in accordance with the hospital requirements and good medical practice, including dictation of discharge summary as appropriate. Entries to the Clinical Record will be made daily on weekdays and whenever management changes are made. All entries should be dated, timed and signed with name, title and contact details. • Complete Admission to Discharge planners and Clinical Care Pathways currently used by the surgical team. • The use of problem lists, result flowcharts and Weekend Care Plans are encouraged. • Discharge summaries will be dictated on complex patients and out of catchment referrals within 48 hours of discharge. • Discharge coding and audit forms will be completed within 5 days of discharge. • Liaise with nurses and Allied Health staff regarding investigations, management and discharge. • Participate in the Department of Surgery Audit process by completing the Audit forms. • The Fellow is responsible for referral of patient deaths to the Coroner's Office in compliance with ADHB Policy and medico-legal requirements. • The Fellow 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. • A letter to the patient's General Practitioner will be dictated after each Outpatient Visit. • Results of investigations will be sighted and signed before they are filed in the

Area	Responsibilities
	<p>patient's chart.</p> <p>At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service. Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</p> <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."
Education / Achievements	<ul style="list-style-type: none"> • Completed advanced training in surgery • Completed EMST/ATLS Course
Experience / Knowledge	<ul style="list-style-type: none"> • Worked in an acute clinical care setting with care review methods • Advanced clinical assessment skills • Demonstrated experience with clinical liaison • Demonstrated experience of current trauma practices and standards of care • Works within the principles of the Treaty of Waitangi
Personal Qualities	<ul style="list-style-type: none"> • Advanced communication skills, excellent communicator • Mediation skills • Sensitive management of complex situations • Able to work without direction and self-initiates • Able to influence without conflict, confident collaborative approach

Section 2: Training and Education

Nature	Details
<i>Protected Time</i>	<ul style="list-style-type: none"> • Perform bedside teaching of medical students as directed by Consultant. • Present topic teaching on behalf of the Surgical Team to groups of medical students as required. • Present at Grand Rounds and other educational forums. <p>The following clinically related educational activities will be included as part of the normal duties of the position. Unless rostered for acute admitting or required for medical emergency, the Fellow is expected to attend:</p> <p>Orientation Sessions at the start of the run Surgical Grand Round Medical Science Lecture Trauma Round Weekly formal RMO In-service teaching sessions (refer individual teams for date/times) Weekly Trauma and Monthly Surgical Audit Meetings</p>
	<ul style="list-style-type: none"> • <i>The Fellow is responsible for Post Graduate and Under Graduate Nurse Teaching and supervision of same and responsible for teaching General Surgery House Surgeons and Trainee Interns</i> • <i>Fellows are encouraged to undertake a research project during the attachment. Initial submission of the project for approval will be to the Director, Trauma. There is encouragement to present at Hospital, local and international surgical meetings</i>

Section 3: Performance appraisal

<i>Fellow</i>	<i>Service</i>
<p><i>The Fellow 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 teaching. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and Fellow to discuss goals and expectations for the run, review and assessment times, and teaching. • An interim assessment of the Fellow three months into the run, after discussion between the Fellow and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Fellow will bring these to the Fellow's attention, and discuss and implement a plan of action to correct them; • A final assessment report on the Fellow at the end of the run, a copy of which is to be sighted and signed by the Fellow.

Section 4: Hours of Work

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	47.5	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (including weekends & long days)	8	
All other un-rostered hours	3	
Total hours per week	58.5	