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| **POSITION DESCRIPTION** | logo300 |

December 2017

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| The Canterbury District Health Board is committed to the principles of the Treaty of Waitangi and the overarching objectives of the New Zealand health and disability strategies. | | | |
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| Organisational Vision The CDHB’s vision is to improve the health and wellbeing of the people living in Canterbury. Organisational Values  * Care and respect for others * Integrity in all we do * Responsibility for outcomes | | | |
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| **POSITION TITLE:** | | | EMERGENCY MEDICINE FELLOW / MEDICAL OFFICER |
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| **REPORTS TO (Title):** | | | CLINICAL DIRECTOR |
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| **REPORTS ON A DAILY BASIS TO:** | | | CONSULTANT EMERGENCY PHYSICIAN ON DUTY |
| **PRINCIPAL OBJECTIVES:** | | | |
| * To provide leadership in the Emergency Department. * To provide a high quality of care for patients presenting to the Emergency Department, ensuring ready access to prompt care on the basis of priority. * To manage patients and patient flow efficiently and in accordance with Ministry of Health targets. * To provide treatment based on sound scientific evidence. * To achieve economies which do not compromise high quality care. * To provide high quality medical education in emergency medicine for registrars, house officers and medical students. * To encourage clinical research in the Emergency Department within proper ethical controls. | | | |
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| **KEY PERFORMANCE OBJECTIVES:** | | | |
| **Task** | | To provide or supervise the timely assessment and treatment of any patients presenting to the Emergency Department on the basis of their priority. Critically ill patients are stabilised before being moved on to other departments. Patients are assessed and treated to the point where a decision can be made as to their appropriate disposition, e.g. admission, and to which discipline they belong, discharge to the care of their General Practitioner or transfer to another institution for specialised care. Patients may be transferred to inpatient teams earlier if it is in their best interests and/or for the greater good of the patients in the department. | |
| Expected Result | | * Work towards providing quality medical care while meeting targets for triage waiting times and length of stay in ED. | |
| **Task** | | To ensure that the team contributes to the teaching and training of Registrars, House Surgeons, Trainee Interns and Medical Students in the most effective way without compromising clinical care in the Emergency Department. | |
| Expected Result | | * Provide orientation for new doctors in ED. * Contribute to weekly CME teaching and ‘on the floor’ clinical teaching | |
| **Task** | | Discharge planning and referrals to the appropriate Specialist who will take over the ongoing care of these patients. Discharge communication must be sent to the General Practitioner following the Emergency Department visit and either sent by fax, electronically or entrusted to the care of the patient. | |
| Expected Result | | * Admissions to ED Observation result in greater than 80% discharge rate. * Other performance outcomes as negotiated from time to time. | |
| **Task** | | Contribute to the senior leadership in the Emergency Department. Fellows / Medical Officers are rostered on duty from 0800- 0200 hours seven days per week and will be rostered for 1 in 3 weekends. There is always a Consultant Emergency Physician on duty seven days per week 0800-2400 hours and on call overnight. | |
| Expected Result | | * Enhanced senior leadership to optimise patient care. | |
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| **FUNCTIONAL RELATIONSHIPS:** | | | |
| **INTERNALLY:** | | | |
|  | As required with Clinical Director, Medical Staff, Nursing and Allied Health Professionals | | |
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| **EXTERNALLY:** | | | |
|  | As required with patients and their families, other clinicians, General Practitioners, referring agencies, community groups, University and Christchurch School of Medicine and Health Sciences staff. | | |

**Responsibilities of the Fellow / Medical Officer rostered on duty**:

The Emergency Medicine Fellow / Medical Officer is responsible for leading the team in the Emergency Department. Fellows participate in rostered duties between the hours of 0800-0200, 7 days a week. There is always a Consultant Emergency Physician on call and they can be reached readily when Consultants are not on duty.

1. Provide and/or supervise the clinical care including the assessment, investigation, treatment and appropriate referral of patients who present to the Emergency Department.

2. Maintain an overview of departmental activity if needed after liaison with the Consultant

Emergency Physicians on duty.

4. Conduct ward rounds in ED Observation utilising appropriate staff as necessary.

5. Supervise the medical assessment and treatment of patients under the auspices of the Emergency Medicine team and provide advice to the junior medical staff as required.

6. Provide leadership in the resuscitation room and in particular coordinate the management of multiple trauma.

7. Provide and/or supervise the initial care to seriously ill patients while medical staffing is mobilised to take over the care of such patients.

8. Work closely with the Associate Clinical Nurse Manager (ACNM) and be aware of the total workload in the Emergency Department.

9. Promote the flow of patients by identifying those who could be fast-tracked and mobilise resources to achieve this.

10. Supervise the rapid assessment response in conjunction with doctors and triage nurses working in the Ambulatory and Resuscitation Areas.

11. Answer GP calls and provide advice to General Practitioners regarding the management or hospital assessment of patients in their care.

12. Liaise with Consultants from other specialties when advice is required from another team.

13. Work with the Associate Clinical Nurse Manager to ensure a response to patients who have exceeded their triage category waiting time and to mobilise resources to help ensure Triage 1 patients are seen immediately and 80% of all Triage 2 patients are seen within 10 minutes.

**ON CALL COMMITMENT**

There is no on call commitment.

**CLINICAL RESPONSIBILITIES**

* Patients presenting with particular problems such as drug addiction should have the most appropriate follow-up arranged and the Clinical Director should be advised of all high risk scenarios.
* Fellows should help ensure that all X-ray and laboratory results have been checked and problem cases have been followed-up by the Registrars.

**NON-CLINICAL DUTIES**

* Each Fellow will be allocated some (15%) clinical support time and responsibilities for this time.
* Teaching will need to be coordinated with the consultant responsible for organising the Continuing Medical Education.
* Participation in peer review and clinical audit.
* Participation in departmental meetings, SMO Meetings and Emergency Department Management Meetings.
* Fellows are encouraged to initiate or assist in clinical research.
* Continuing Medical Education.
* Non clinical time will be allocated at 4 hours per week (or one 8 hour shift per fortnight)

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| **HEALTH & SAFETY:** |
| * Observe all Canterbury DHB safe work procedures and instructions * Ensure your own safety and that of others * Report any hazards or potential hazards immediately * Use all appropriate protective equipment and wear protective clothing provided * Make unsafe work situations safe or, if they cannot, inform your supervisor or manager * Co-operate with the monitoring of workplace hazards and employees’ health * Ensure that all accidents or incidents are promptly reported to your manager * Report any pain or discomfort early * Take an active role in the Canterbury DHB’s rehabilitation plan, to ensure an early and durable return to work * Seek advice from your manager if you are unsure of any hazardous work practice |
| **QUALITY:** |
| Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures. |
| **QUALIFICATIONS & EXPERIENCE:** |
| **Preferred:**   * Registration with the Medical Council of NZ to practice within the Emergency Medicine Vocational Scope.   **Essential:**   * Current Annual Practising Certificate. * Medical Indemnity or Malpractice insurance. * MRSA clearance (nose, groin and perineum) screened in the Canterbury region. |
| **Personal Attributes**   * Be able to work under pressure and prioritise a heavy clinical workload. * Have excellent written and oral communication skills. * Demonstrate a team approach to work and a collaborative working relationship with management. * Have an empathy with patients, the general public and staff at all levels. * Be an innovative thinker who can adapt to changes in medical practice. * Be committed to their personal and professional development and to the provision of patient-focused services.   **Key Behaviours**   * Ability to “work together” in a truthful and helpful manner. * Ability to “work smarter” by being innovative and proactive. * Accepts responsibility for actions. |

**GENERAL PROVISIONS**

All annual leave, continuing medical education leave and other planned special leave is to be arranged two months in advance to facilitate appropriate allocation of scheduled work. Fellows are required to arrange adequate cover during extended absences.

Reasons for leave at short notice include:

* illness
* family bereavement
* urgent family or personal problems
* involvement in a medical procedure that was either unplanned, or for reasons beyond their control, did not finish at the planned time

In each case these short notice periods of leave must be discussed with the Clinical Director.

**STAFF PERFORMANCE**

Staff are required to participate in an annual review with the Clinical Director.

**LIMITATIONS OF AUTHORITY**

Situations with resource or financial implications for the department are discussed and agreed with the Clinical Director except in emergency situations where the SMO in charge of the shift makes decisions to expedite patient care.

Issues with direct impact on the Canterbury District Health Board are communicated to the Clinical Director.

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.

**SIGNED BY THE MEDICAL OFFICER:**

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**Employee Date**

**SIGNED ON BEHALF OF THE CANTERBURY DISTRICT HEALTH BOARD:**

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**Clinical Director Date**