**POSITION DESCRIPTION**

This position description is a guide and will vary from time to time, and between services and/or units to meet changing service needs

**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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|  | **Position Title:**  | **Fellow** |
| **Operational Reporting:** | **Clinical Director, Emergency Department**  |
| **Daily Reporting:** | **Consultant Emergency Physician on Duty / Call** |
| **Key Relationships/ Customers**  | **Internal relationships*** General Manager and Service Manager
* Medical, Nursing and Allied Health and Administrative staff in ED
* Medical, Nursing and Allied Health professionals across the CDHB
* Other internal staff

**External relationships*** General Practitioners
* Aged Residential Care providers
* Primary and secondary care providers
* ACC
* Ministry of Health
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| **Organisational Vision:**  | * The Canterbury District Health Board’s vision is to promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District.
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| **Organisational Values**  | The Canterbury DHB is committed to being an excellent and caring funder / provider of health and hospital services. Integral to the achieving of our vision, goals and objectives of the DHB are the values of the organisation:* Care & respect for others
* Integrity in all we do
* Responsibility for outcomes
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|  | **Role Purpose** | * To provide leadership in the Emergency Department duty shifts
* To provide a high quality of care for patients, 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 ACCOUNTABILITIES:**

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| **Delivery of patient centric quality clinical care**  |
| * To provide or supervise the timely assessment and treatment of any patients presenting to the Emergency Department on the basis of their priority.
* 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.
* Critically ill patients are stabilised before being transferred on to other departments.
* 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.
* Ensure optimal 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
* Work towards providing quality medical care while meeting targets for triage waiting times and length of stay in ED.
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| * **Undertake work towards a fellowship programme**
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| * Develop and implement a plan for development of specialist skill within an area within the CDHB. This may include but is not limited to: Hyperbaric and Dive Medicine, Ultrasound, Medical Education, Simulation, Health Administration, Health Informatics, Health Pathway development, Research, Toxicology.
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| * **Contribute to teaching within the department**
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| * Contribute to the continued education and training of RMO and nursing colleagues.
* Provide orientation for new doctors in ED.
* Contribute to weekly teaching and ‘on the floor’ clinical teaching
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| **Participation and leadership**  |
| * Develop strong relationships with clinical and non-clinical colleagues to ensure effective leadership of the department and initiatives that result of best patient care and process improvement.
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| **Specific Fellow clinical responsibilities** |
| * Participate in a Fellow roster that includes Christchurch Hospital Emergency Department and Ashburton Hospital Emergency Department
* Rostered duties are within the hours of 0800-0200, 7 days a week.
* Fellows report to the Emergency Physician on duty or on call.
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| * **Maintain and further develop personal levels of skill and effectiveness**
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| * Relevant professional courses and programmes are identified and attended following the prior approval.
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| * **Maintain a high quality, safe and secure work environment by following relevant Canterbury DHB and Divisional policies, protocols and standards**
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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 hazard immediately
* Use all 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 employee’s health
* Ensure that all accidents or incidents are promptly reported to your manager
* Report early any pain or discomfort
* 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 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.
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| **Other duties are undertaken as reasonably directed** |
| * Other duties are undertaken as reasonably directed by the Clinical Director or Service Manager. At times this may include taking responsibility for tasks across the wider Canterbury and West Coast District Health Boards.
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**PERSON SPECIFICATION:**

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| **Personal Attributes** |
| * Highly-developed analytical and critical thinking
* A proactive, goal orientated and outcome focussed approach
* Highly-developed interpersonal skills, with the ability to establish collaborative working relationships
* Flexibility, adaptability with a willingness to assist other members of the team as necessary
* Capacity to work with a ‘sense of urgency’, without compromising the outcome
* Highly competent communicator who can express ideas logically and convincingly in simple, clear language, both written and verbally
* Strong organisational skills, with the ability to multi-task, and plan and prepare for outcomes on the basis of priority.
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| **Qualifications & Experience** |
| * **Essential**
* Registration with the Medical Council of New Zealand
* Recent Fellow of Australasian College of Emergency Medicine or international equivalent ….OR
* Advanced trainee of the Australasian College of Emergency Medicine, having completed the written component of the part 2 exam at least, or international equivalent
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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.

**APPENDIX 1**

**RESPONSIBILITIES OF THE FELLOW / MEDICAL OFFICER ROSTERED ON DUTY**:

The Emergency Medicine Fellow / Medical Officer is responsible for assisting the SMO / leading the team in the Emergency Departments at Christchurch Hospital and Ashburton Hospital. 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.

Duties may include the following, as determined from time to time by the Clinical Director and/ or Service Manager:

* Provide and/or supervise the clinical care including the assessment, investigation, treatment and appropriate referral of patients who present to the Emergency Department.
* Maintain an overview of departmental activity if needed after liaison with the Consultant Emergency Physicians on duty or on-call.
* Conduct ward rounds in ED Observation utilising appropriate staff as necessary.
* 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.
* Provide leadership in the resuscitation room and in particular coordinate the management of multiple trauma.
* Provide and/or supervise the initial care to seriously ill patients while medical staffing is mobilised to take over the care of such patients.
* Work closely with the Associate Clinical Nurse Manager (ACNM) and be aware of the total workload in the Emergency Department.
* Promote the flow of patients by identifying those who could be fast-tracked and mobilise resources to achieve this.
* Supervise the rapid assessment response in conjunction with doctors and triage nurses working in the Ambulatory and Resuscitation Areas.
* Answer GP calls and provide advice to General Practitioners regarding the management or hospital assessment of patients in their care.
* Liaise with Consultants from other specialties when advice is required from another team.
* 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.
* 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.

**Roster template**

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|  | **Mon** | **Tues** | **Wed**  | **Thurs** | **Fri** | **Sat** | **Sun** |
| 1 | Fellow 8-6 | 1100-2000 | Off | Off | 1600-0200 | 1600-0200 | 1600-0200 |
| 2 | Off | Off | Fellow 8-6 | 1100-2000 | 1100-2000 | Off | Off |
| 3 | 1600-0200 | 1600-0200 | Off | Off | Fellow 8-6 | Ash 12-10 | Ash 8-6 |
| 4 | Off | Off | 1100-2000 | Fellow 8-6 | 1600-2400 | Off | Off |
| 5 | 1100-2000 | Off | Off | Fellow 8-6 | 0800-1200 | 0800-1800 | 0800-1800 |
| 6 | Off | Fellow 8-6 | 1600-0200 | 1600-0200 | NC 11-6 glide | Off | Off |
| 7 | Cover | Cover | Cover | Cover | Cover | Cover | Cover |

**APPENDIX 2**

**NON-CLINICAL DUTIES:**

* Each Fellow will be allocated some (1 hour per week) clinical support time and responsibilities for this time, and 10 hours per week for Fellowship time which can be taken flexibly in order to best suit the Fellowship programme is being undertaken
* There are individual descriptions of what each fellowship would entail – and these duties would be expected to occur during the 10 hours of rostered “fellow” time per week
* 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.

**APPENDIX 3**

**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.