Anaesthesia Fellow

Position Description

Job Title : Anaesthesia Fellow

Department : Department of Anaesthesia & Perioperative Medicine

Location : Waitemata District Health Board

Reporting To : Clinical Director – Anaesthesia

Direct Reports : Anaesthesia Fellow Supervisor
                Fellowship Lead Clinician

Remuneration : As per the Association of Salaried Medical Specialists (ASMS) multi-employer collective agreement (MECA)

Functional Relationships with

Internal

• Clinical Director – Anaesthesia
• Anaesthesia Fellow Supervisor
• Fellowship Lead Clinician
• Anaesthesia Consultants
• Management staff
• Anaesthetic Technicians
• Theatre, PACU and Pain Team staff
• Booking and Scheduling staff
• Other specialty consultants and junior doctors
• Support services

External

• General practitioners
• Medical Council of New Zealand
• Patients and their families
• Other secondary and tertiary service units
• Health and Disability Commission

Summary of Duties : The duties will include the following:

• Provision of a high standard of clinical practice in the management and delivery of anaesthetic services for the people of the Waitemata District Health Board (WDHB) region
• Participating in outpatient clinics as agreed with the Clinical Director Anaesthesia.
• Participating 1 in 4 weekend call roster
• Post-operative assessment of patients on the acute pain round
• Participating in clinical research, clinical evaluation and quality assurance programmes as agreed with the Clinical Director Anaesthesia and Anaesthesia Fellow Supervisor
• Provision of teaching to Anaesthesia Registrars & SHOs, Medical Students, Anaesthetic Technicians, Perioperative Nurses and Midwives.
Specific Fellowship Information

Subspecialty Area: Perioperative Medicine

Duration: 12 months

Aims & Objectives:
- To develop further proficiency in the assessment of patients with a wide range of medical conditions undergoing surgical procedures of varying levels of risk, including rational use of cardiopulmonary exercise testing (CPET)
- To develop further proficiency in instituting appropriate preoperative management plans in order to optimise patients' medical conditions prior to surgery
- To develop skills in performing reviews of complex patients post-operatively and working in consult with primary team to recommend changes in management as necessary
- To consolidate scientific knowledge required to achieve excellent evidence-based clinical practice in the field of perioperative medicine

Structure:
- 8 sessions (4 days) per week
- 1 day (0730-1730) = 2 sessions
- 1 in 4 weekend cover (0800-1800 Saturday and Sunday)

Weekly Sessions:
- Clinical Anaesthesia – 3 sessions
- Preoperative Anaesthetic Clinic – 2 sessions
- Acute Pain Round – 1 session
- Cardiopulmonary Exercise Testing (CPET) – 1 session
- Non-clinical / Administrative – 1 session

The fellow will receive exposure to theatre lists likely to contain ASA III and above patients or lists with major surgical cases. These include major orthopaedic surgery, complex general surgery, invasive urological procedures including nephrectomies, complex endocrine surgery, and pacemaker insertions.

Responsibilities:
- Maintenance of a perioperative medicine logbook to document follow-up of ASA III and above patients (or those with compelling perioperative issues) seen by fellow in Preoperative Anaesthetic Clinic or similar patients allocated on theatre lists
  - Patients would ideally be followed-up during post-operative period, with acknowledgement that post-hospital discharge follow-up may be appropriate and unavoidable in some cases
- Review of patients referred to Anaesthetic Service when requested by Anaesthetic Coordinator if following conditions are met:
  - The case to be reviewed is of sufficient complexity to justify the fellow’s involvement
  - The fellow is on duty at the time
  - Clinical duties are not interrupted during vital periods of patient
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care
  o Another clinician is available as a reliever if deemed necessary

CME Requirements
  • The fellow will be expected to register for the Perioperative Medicine Short Course run by Alfred Hospital. The cost of the course including associated travel/accommodation will be reimbursed from the fellow’s CME fund. A place on the course has been reserved for the fellow each year.
  • The fellow will undertake to join a professional organization related to perioperative medicine and attend its scientific meeting. The Perioperative Medicine SIG would an appropriate entity to fulfil this requirement.
  • All fellows would be expected to contribute to departmental audit, research and/or measures for quality improvement. A research project in a relevant area may be allocated to the fellow on commencement of duties.
## Key Tasks

| Assessment and treatment of patients at both inpatient and outpatient level. | • Provide anaesthetic care to patients in order to facilitate surgical and medical interventions.  
• Undertake outpatient assessment and consultations.  
• Assessment of new and follow-up patients under the supervision of the Anaesthesia Coordinator.  
• Arrange for consultation from other medical specialists/special investigations where appropriate.  
• Work as a member of the multidisciplinary team.  
• Work with Anaesthesia Coordinator in the provision of pre and post-anaesthetic rounds, including some weekend work assessing patients post-operatively.  
• Attend acute pain rounds and provide telephone follow-up when required, including some weekend work.  
• Provide resuscitative and emergency care to patients when clinically appropriate.  
• Consult with patients and caregivers to explain any matters requiring their consent or queries about their treatment.  
• Maintain adequate documentation of patient notes and assessment notification to referral sources.  
• Ensure the provision of quality care; with all documentation consistent with policies.  
• Sight and action results of investigations before filing.  
• Liaise with other staff of Waitemata DHB to ensure appropriate continuity of care.  
• Be actively involved in administration of other treatment that is deemed appropriate for patients.  
• Provide assessment and advice to in-patient referrals as requested by other disciplines within the WDHB.  
• Comply with any special documentation/database entry as required by the Anaesthesia Clinical Director. |

| Assessment, treatment and follow-up of elective and acute in-patients pain/anaesthesia requirements during their hospital stay. |  |

| Participating in clinical sessions (elective and acute) at all WDHB sites, including weekend sessions as allocated. |  |

### Expected Outcomes

- **Key Tasks**
  - Attend regular supervised sessions with Consultant Anaesthetists.
  - Participate in further CME activity; attend courses/undertake further study in Anaesthesia & Perioperative Medicine.
  - Progression towards increasing independence in clinical practice
  - Achieving a level of practice equivalent to that of a consultant by the end of a 12-month attachment.

- **Extension of training and knowledge of the discipline of Anaesthesia.**

- **Patient Information and Informed Consent**
  - Gives patients and their families a full explanation of all procedures and treatments
  - Obtains informed consent for all patients in accordance with the organisation’s policy for undertaking any operation or test of procedure

- **Staff and Patient Relations**
  - Acts in a manner consistent with a senior member of staff
  - Maintains effective interpersonal relationships with multidisciplinary staff, patients and relatives/whanau
  - Handles problems and complaints sensitively
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<tr>
<th>KEY TASKS</th>
<th>EXPECTED OUTCOMES</th>
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| Education and teaching of junior medical staff and other professional groups | • Provides clinical supervision and teaching for medical students, House Officers and Registrars  
• Ensures the orientation, guidance, performance management and objective setting process and feedback to junior medical staff is consistent with good employer relations and Council standards  
• Is available to junior medical staff for advice, supervision of procedures and urgent acute problems as appropriate  
• Provides teaching or educational presentations for nurses, anaesthetic technicians, midwives and other health professionals or groups with a general anaesthesiology interest as appropriate |
| Maintenance of adequate record and reports to referring doctors | • Comprehensive, accurate and up-to-date medical records are maintained for all patients under Senior Medical Office care  
• Medical records and discharge letters on inpatients as well as outpatient letters on patients seen by the Senior Medical Officer are completed and dispatched within organisational timeframes |
| Professional development knowledge and practice updated and maintained | • Demonstrates evidence of continuing self-education through, for example, attendance at relevant courses/seminars/conferences; reading relevant literature  
• Utilises appropriately annual entitlement of Continuing Medical Education Leave  
• Attends and actively participates in local post-graduate medical education activities  
• Participates in service credentialing and recommendations |
| Participates in quality assurance programmes | • Attends and participates in regular departmental audit/peer-review activities, including morbidity/mortality reports  
• Attends and participates in Quality Assurance activities  
• Quality of written records meets specified standards  
• Patient satisfaction is positive  
• Peer review is favourable  
• Meets with colleagues to discuss and record performance issues and professional/personal development, at least annually |
| Actively contribute to continuous Quality Improvement activities within the service | • Identifies improvement opportunities and notifies the Clinical Director of these  
• Participates in the service’s quality and risk improvement and minimisation activities  
• Provides good patient/client service and is responsive to patient/client requests or complaints  
• Complies with standards and works to improve patient/client satisfaction. Identifies risks and notifies the Clinical Director of these  
• Complies with WDHB Reportable Events policy and other |
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<tr>
<th>KEY TASKS</th>
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<tr>
<td>policies and procedures • Participates in departmental audits</td>
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<tr>
<td>Management and administration of the Anaesthesia and Perioperative Medicine service</td>
<td>• Attends departmental business meetings unless on planned and approved leave or otherwise indicated by the Clinical Director Anaesthesia • Attends regular meetings of the Service to collaborate with his/her colleagues and, as requested, with the Clinical Director • Utilises staff, technological, pharmaceutical and other publicly funded resources prudently and efficiently for cost effective patient care • Participates in monitoring resource allocation and decision making within the service • Participates in the development and updating of clinical management guidelines, including integrated clinical pathway</td>
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<td>Clinical Leadership Responsibilities</td>
<td>• Teach vocational trainees as required • Supervise/teach junior medical and nursing staff</td>
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<td>Treaty of Waitangi</td>
<td>• Demonstrates an understanding of the Principles of Te Tiriti o Waitangi and how these relate to the development and application of service specific initiatives for Maori • Understands the holistic approach to Maori health • Develops and plans strategies that are responsive to the health needs or Maori • Recognises and seeks counsel on the cultural requirements when dealing with Maori</td>
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<td>To recognise individual responsibility for Workplace Health and Safety under the Health and Safety in Employment Act 1992</td>
<td>• Company health and safety policies are read and understood and relevant procedures applied to their own work activities • Workplace hazards are identified and reported, including self-management of hazards where appropriate • Can identify health and safety representative for area</td>
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Behavioural Competencies

Adheres to Waitemata District Health Boards 4 Organisational Values of:

Every single person matters, whether a patient / client, family member or a staff member

We see our work in health as a vocation and more than a job. We are aware of the suffering of these entrusted to our care. We are driven by a desire to relieve that suffering. This philosophy drives our caring approach and means we will strive to do everything we can to relieve suffering and promote wellness.

We need to be connected with our community. We need to be connected within our organisation – across disciplines and teams. This is to ensure care is seamless and integrated to achieve the best possible health outcomes for our patients/clients and their families.

We seek continuous improvement in everything we do. We will become the national leader in health care delivery.

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<th>Behavioural Competencies</th>
<th>Behaviour Demonstrated</th>
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<td><strong>Communicates and Works Co-operatively</strong></td>
<td>Actively looks for ways to collaborate with and assist others to improve the experience of the healthcare workforce, patients &amp; their families and the community &amp; Iwi.</td>
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<td><strong>Is Committed to Learning</strong></td>
<td>Proactively follows up development needs and learning opportunities for oneself and direct reports.</td>
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| **Is Transparent** | Communicates openly and engages widely across the organisation.  
|  | Enacts agreed decisions with integrity. |
| **Is Customer Focused** | Responds to people’s needs appropriately and with effective results  
|  | Identifies opportunities for innovation and improvement |
| **Works in Partnership to Reduce Inequality in Outcomes** | Works in a way that:  
|  | Demonstrates awareness of partnership obligations under the Treaty of Waitangi.  
|  | Shows sensitivity to cultural complexity in the workforce and patient population.  
|  | Ensures service provision that does not vary because of peoples’ personal characteristics. |
| **Improves health** | Work practices show a concern for the promotion of health and well-being for self and others. |
| **Prevents Harm** | Follows policies and guidelines designed to prevent harm.  
|  | Acts to ensure the safety of themselves and others. |
### Person Specification

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<th>Preferred</th>
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| **Qualification** | • Qualified Medical Practitioner eligible for registration with Medical Council of New Zealand.  
• Minimum of four years training in Anaesthesia and Intensive Care, with at least three years in Clinical Anaesthesia. |
| | • Vocational qualification in Anaesthesia  
• Five or more years post registration.  
• Special interest or skills in subspecialty area.  
• Strong interest in research and education |
| **Skills, Knowledge & Behaviour** | • High standard of written and verbal communication.  
• Ability to work as integral member of multi-disciplinary team.  
• Able to maintain good professional relationships and be respectful of other team members’ skills.  
• A demonstrated belief in, and commitment to, promoting quality of life. |
| | • A strong interest in personal professional development  
• A willingness to take on further roles within the team. |
| **Experience** | • Broad understanding of the New Zealand health sector  
• Recognises the critical and key success factors in working in healthcare |
| | • Detailed understanding of the New Zealand health sector reform and purchasing structure |

**VERIFICATION:**

Employee: __________________________

Department Head: _______________________

Date: __________________________
Detailed Work Plan

1. ROUTINE DAYTIME ACTIVITIES

Daytime services includes the provision of anaesthesia and perioperative medical services in accordance with the schedule of elective and acute sessions within

- North Shore Hospital operating theatre suite
- Waitakere Hospital day-stay theatre suite
- Other sites in WDHB as allocated by the Clinical Director Anaesthesia

1.1 The Fellow will have a schedule that is agreed with the Clinical Director. The Fellow will be assigned to sessions and is required to attend as detailed in the departmental roster. Changes to the Fellow’s current days of the week worked (and type of work during those days) will be made in agreement with the Clinical Director and Fellow Supervisor.

1.2 Each morning (0730-1230) and afternoon (1230-1730) session is deemed to average five hours inclusive of all associated activities (as listed below), when averaged over a roster cycle.

For anaesthesia, this includes:
- preoperative assessment and premedication of patients.
- administration of anaesthetic in the operating theatre and in remote sites as required
- supervision of patients in the recovery room and participation in their postoperative management (in consultation with other health professionals as required)
- postoperative review of patients in the ward where appropriate
- triage, assessment and management of patients presenting for surgery, including consults in the preoperative anaesthetic clinic
- assessment, management and review of patients on the acute pain round
- acute services as listed in 1.4
- any associated documentation

1.3 All-day elective anaesthesia lists equate to two sessions and include the associated activities detailed in 1.2.

1.4 Acute services include the following:

- provision of anaesthesia for all specialties, as directed by the Anaesthetic Coordinator
- supervision of anaesthetic related problems in postoperative patients
- assistance in daily pain round as directed by the Anaesthesia Coordinator
- analgesia services and expertise for all patients, including obstetrics
- coordination and assistance of anaesthetic services in the operating suite
- assistance with procedures for vascular access
- assistance with airway emergencies when requested by other specialties
- assistance with emergency and resuscitative care as appropriate
- assistance with transporting critically ill to or from North Shore or Waitakere Hospital
1.5 Waitakere Hospital obstetric day (0700-1900) is deemed as working 3 sessions. This includes:

- anaesthesia for elective and acute caesarean sections.
- anaesthetic assessment of obstetric patients
- epidural analgesia and other pain management interventions
- assessment and management of unwell women (in consultation with other health professionals as required)
- assistance with procedures for venous access by other specialties
- assistance with airway emergencies when requested by other specialties
- assistance with emergency and resuscitative care as appropriate

2. CANCELLATION OF ROUTINE ACTIVITIES

In the event of a scheduled session being cancelled, the anaesthetist will discuss with the Anaesthesia Coordinator for possible reallocation.

3. ROSTERED AFTER HOURS DUTIES

- all fellows are expected to participate in the weekend after-hours roster (0800-1800).
- frequency of allocation is 1 in 4 weekends on average
- fellows are expected to internally cover any leave or absence
- fellows may be rostered to acute sessions, planned weekend lists, the acute pain round, obstetric anaesthesia cover, or any other service deemed appropriate by the Anaesthesia Coordinator

4. ALLOCATION OF LEAVE

Six weeks application for all leave in writing to allow appropriate allocation of scheduled work. The application form will be given to the Leave Officer, who will check with the roster writer that the leave can be covered.

Any substitutions for routine work will require the agreement of the Clinical Director. The substitution must be arranged by the person rostered for that session and must be undertaken by another employed specialist or fellow if appropriate.

5. SHORT NOTICE LEAVE

A specialist can at short notice advice that they will not be available for a scheduled session.

Short notice leave needs to be notified by calling the Anaesthesia Coordinator and a message left on the department secretary’s phone message system.

The Clinical Director will be notified and the no show will not be counted towards the session total and will need to be made up at some other time, except for those related to illness or bereavement.
6. CONTINUING MEDICAL EDUCATION

Fellows are required to participate in the following activities:

- attendance at the department business meeting, as indicated by the Clinical Director
- departmental weekly meetings (morbidity-mortality reviews, journal club)
- personal literature review
- Emergency Management of Anaesthetic Crises (EMAC) course – if not attended in previous 3 years

Funding for CME activities is provided for in the Association of Salaried Medical Specialists (ASMS) multi-employer collective agreement (MECA), currently at $16,000 per annum and 10 days CME Leave per annum.

7. EDUCATIONAL ROLE

- Participate in professional education activity for medical students, house officers, registrars, technicians and other health professional groups
- supervision of vocational trainees
- college assessment activities