

TE OMANGA HOSPICE RUN DESCRIPTION Jan 2025

OUR VALUES

<p>Respect</p> <ul style="list-style-type: none">• Collaboration• Role modelling• Being honest• Trusting each other• Believing the best	<p>Compassion</p> <ul style="list-style-type: none">• Being empathetic• Caring and encouraging honesty• Having empathy• Having courage• Positivity• Being resourceful
<p>Learning</p> <ul style="list-style-type: none">• Being eager to learn• Role modelling• Listening• Having an open mindset	<p>Partnership</p> <ul style="list-style-type: none">• Trust• Collaboration• Listening• Honouring• Communication• Being willing to compromise• Being honest• Flexibility• Can do• Being resourceful• Believing the best

Position: Basic RACP Trainee/RACP Dual Trainee/GPEP2 or 3 Trainee in Palliative Medicine

Reports to:

1. Registrar Training Supervisor(s)
2. Te Omanga Hospice Medical Director

Places of Work:

1. Te Omanga Hospice Inpatient Unit
2. Te Omanga Hospice Community Service
3. Kahukura, Wairarapa Palliative Care Service

Background:

Te Omanga Hospice is the Specialist Palliative Care provider for Te Whatu Ora Hutt Valley. The Hospice Service is well integrated across all locations of patient care: home, hospice, Hutt Hospital and residential care facilities. The core of our service is 24 hour, 7 day a week care and support to patients and families on the hospice program in the community (home or residential care). We have an 6 bed inpatient unit. We provide Specialist Palliative Care Consultation to patients admitted to Hutt Valley Hospital. Our Specialist Multidisciplinary team provide consultation and education to other primary palliative care service providers in the Hutt Valley. Te Omanga Palliative Medicine Specialists also provide face to face consultation one day/week and 24/7 phone advice to all doctors in Te Whatu Ora Wairarapa, ie Wairarapa Hospital, GPs and NPs.

The Palliative Medicine Specialists at Te Omanga Hospice are: Dr. Ian Gwynne-Robson (Medical Director), Dr. Salina Iupati, Dr. Tom Middlemiss, Dr. Kaye Basire and Dr Matthew Lloyd.

This Registrar position could fulfil any or all of three of the required six month vocational training terms for dual training in Palliative Medicine and another Physician Specialty: hospice inpatient unit, palliative care community service, palliative medicine variable and elective.

Te Omanga Hospice is accredited as a site for RACP Advanced and Basic Trainees. Te Omanga Hospice is also accredited as a site for GPEP 2 or 3 Trainees.

Any Trainee can be supervised to complete the RACP Clinical Foundation in Palliative Medicine. Trainees are encouraged to do so. [Clinical Foundation in Palliative Medicine](#)

Responsibilities:

- Attending the daily multidisciplinary team meeting and daily triage meeting.
- Providing clinical advice, direction and support as required to nursing staff in the treatment and management of patients on the hospice programme commensurate with the Registrar's clinical ability
- Prescribing and adjusting medication to provide symptom control
- Maintaining detailed patient progress records and care plan.
- Maintaining regular communication with general practitioners and other health professionals involved on the progress of their patients on the hospice programme.
- Completion of certification formalities in the event of a patient death
- Participation in the On Call roster, which provides cover for patients in the inpatient unit and in the community. On Call is from home up to a 1/6 basis. If there are two Registrars then call may be 1/12. When on for the weekend, daily ward round of patients is expected. The roster operates from 16:30 to 08:30 weekdays, and 16:30 Friday to 0830 Monday over the weekend. When on call, a senior doctor will always cover the Registrar and it is the Registrar's responsibility to alert the covering doctor of any potential problems, issues where the Registrar feels advice in needed, or any unforeseen or unusual circumstances.
- Participation in Quality and Education programmes.

Te Omanga Hospice Community Service:

- Assessment of new referrals for suitability for admission to the Te Omanga Hospice Program of Care
- Assessment of new referrals for consultation advice and support to other primary palliative care providers in the Hutt Valley.
- Visiting patients in their homes for routine and/or urgent medical assessments
- Daily debrief of nurses on return from their community visits
- Regular review of community patients at the Outpatient Clinic

Te Omanga Hospice Inpatient Unit:

- Admissions to the IPU which entails history, examination and plan of management
- Daily Ward Round for clinical assessment and review of every inpatient
- Discharge from the IPU which entails communication by telephone to the General Practitioner, prescriptions and plan of management for care by the Home Care Nurses
- Working with the Hospice House Surgeon, who rotate every three months

Education:

- MDT meeting with consultants 5 days/wk
- In service education
- Breakfast teleconference monthly
- Weekly medical peer group meeting Thursday at 12:45 – 2 PM

- Contribute to Journal Club and case review
- Protected training time of 4 - 8 hours/wk by negotiation
- Opportunities for teaching of hospice staff and other health providers in the community.
- Monthly peer review with regional palliative medicine specialists and other doctors providing palliative care.
- RACP MiniCEX x2 and CbD x2 completed during the run.

Performance Appraisal Responsibilities:

<i>Registrar</i>	<i>Supervisor/SMO</i>
<p>The Registrar will</p> <ol style="list-style-type: none"> 1. At the outset and midway through the run, meet with their supervising consultant to discuss goals and expectations for the rotation, review learning and service needs, and agree on a plan to address these needs 2. After any assessment that identifies service or personal needs or expectations not being met, implement a corrective plan of action in consultation with their supervising consultant 	<p>The Registrar Supervisor/SMO will</p> <ol style="list-style-type: none"> 1. Provide a suitable work and training environment that will foster excellence in patient care and support high quality education. 2. Arrange an initial meeting between the supervising consultant and registrar to discuss goals and expectations for the run and agree on review and assessment times. 3. Provide an interim assessment report midway through the run, after discussion between the registrar and the supervising consultant 4. Provide a final assessment report at the end of the run, a copy of which is to be sighted and signed by the registrar. 5. Be available to discuss any problems identified during the attachment at any time. The supervising consultant in conjunction with the registrar will discuss and implement a plan of action to correct identified problems.