

Registrar Handy Hints

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General Information

Weekends on call: 1600 Friday night to 0800 Monday morning

- ▶ Handover to the ward team is done at 0830 Monday morning in the doctor's office on BMTU.
- ▶ Daily ward rounds starting at 0830-ish (time usually negotiated with the consultant on call).
- ▶ Once the ward round is finished and the jobs are done you are free to go home.
- ▶ You may have to come back in to review patients or admit people.
- ▶ Overnight the ward and admissions are covered by the Duty Med 2 house surgeon/medical specialty registrar, although you may still get called for advice.
- ▶ If you do come in, this should be documented on an exception sheet as call back which is charged at a minimum of 4 hours.
- ▶ You may get calls for advice from the lab / other hospital teams / patients.
- ▶ If you are not a Haematology trainee then the blood films will be signed out by the consultant. Haematology registrars with laboratory training can discuss how this work is divided up with the consultant.

Out of hours admissions

- ▶ Any patient who rings and is unwell or febrile must come in through the Emergency Department. See the Immunosuppressed Patients Clinical Pathway (in the Red Book, topic code 4995, or go to Infection including Prophylaxis > Treatment of Infection in Haematology Patients > Management of the Febrile Neutropenic Patient).
- ▶ If the patient is coming by private vehicle, phone **89900, 80274, or 88156**.
- ▶ If the patient is coming by ambulance, phone **88254**.
- ▶ Tell the ED staff that the patient is to follow the Immunosuppressed Patients Clinical Pathway.

Microster (timesheets)

You are on Microster which is updated by Anne Quick with your leave, etc. If you cross cover, Anne will also update on Microster.

- ▶ Exception sheets are only required if you do a weekend on call when you are called back into the hospital and take phone calls when you are not in hospital. There are phone call sheets which should be filled in.
- ▶ Complete weekly and give to Anne who will get the CD to sign off and then will be sent to the Haematology service manager for signing off, who will enter onto Microster if in the pay period. If not, will forward onto the Microster team.

Weekly Meetings

A meeting list is emailed each week.

Monday	1300	Transplant committee (Video conference room, Level 4 Manawa building) meeting or Lymphoma MDT meeting (Oncology Lecture Theatre, ground floor, Oncology Building) on alternate weeks.
	1400	Journal club/ patient discussion group or Quality meeting (BMTU meeting room) Mortality and Morbidity meeting occurs monthly.
Tuesday	1215	Registrar teaching (Registrars' room, CHL or committee room if available.
Wednesday	1215	Clinical Meeting (Rolleston Lecture Theatre, UOC Medical School Building, Parkside).
	1320	X-ray meeting (interventional radiology seminar room, Radiology 1st floor Riverside). Myeloma MDM starts at 1340 fortnightly.
Thursday	0800	Transplant planning meeting (BMTU meeting room).
	1200	Lab education meeting happens once a month.
Friday	0830	Laboratory morphology meeting.
	0915	MDT ward round (BMTU meeting room).
	1215	Hospital Grand Round (Rolleston Lecture Theatre).

* Canterbury Health Laboratories

Presentations and teaching

- ▶ All registrars participate in the rota of presentations at the lunchtime meetings for the laboratory and the Hospital Grand Rounds.
- ▶ A rota for journal club presentations is maintained by the registrars.
- ▶ Registrar teaching roster is organized by Senior Haematology Registrar
(G:\Division\HAE\COMMON\STAFF\REGISTRAR\Haematology registrar teaching)

Safety first – Incident management and reporting

The CDHB promotes a no-blame culture. All adverse events, near misses, and deviations (incidents), whether or not actual harm arises, must be recorded to improve patient care. Complete and submit online.

Neutropenia/Immunocompromised pathway

See Red Book section on “Management of the septic immunocompromised patient”. Broad spectrum antibiotics are given after appropriate assessment and culture, and may be started urgently on the basis of a verbal order.

Ward Registrar

Weekly timetable

As per departmental timetable. Concentrate on attending sessions relevant to your inpatients. The X-ray sessions are mandatory.

Consultant ward rounds depend on outpatient clinic times of the consultant who is covering the ward that month, but will likely be on Monday after the handover, and one or both of Wednesday and/or Thursday morning.

Monday	0830	Handover from weekend team.
Tuesday	AM	Registrar ward round.
	1230	Registrar teaching.
	1500	ID ward round (BMTU).
Wednesday	1320	Radiology review (Radiology Department). Myeloma MDM 1320 every fortnight.
Monday–Thursday	1630	Verbal handover to ward consultant as they are “first call” out of hours.

Booking patients in for admission

- ▶ Patients who are due to be admitted to the BMTU for further treatment need to be written into the nurses allocation (red) book on the appropriate day so that nursing staff are aware.
- ▶ Arrange and fax chemotherapy as required in consultation with the relevant consultant (not all patients will be seen in clinic in between admissions).
- ▶ Patients who need to re-attend at the weekend for bloods / transfusion, etc, should also be written in the book and mentioned at the Friday round if they require review.

Discharge summaries

- ▶ Patients' discharge summaries and scripts* are prepared on Health Connect South. A copy of this will go to the GP.
- ▶ Document details of antibiotics and rationale for antibiotics/treatments as well as all significant complications during treatment. Many of our patients have prolonged hospital stays and complicated treatment courses, and the summaries are invaluable sources of information for subsequent treatment.
- ▶ Pre-prepare summaries for those patients who are likely to go home over the weekend.
- ▶ Notes are coded post-discharge by the coders. Make sure the underlying haematological diagnosis is clearly stated in the notes because this is used by the coders for accurate internal accounting and to obtain payments in the case of patients who come from out of district.
- ▶ Where a defined period of treatment is intended, write this clearly on the discharge summary and transfer to subsequent clinic letters. For example, allogeneic transplant patients receive co-trimoxazole and aciclovir for 1 year and penicillin for 18 months as per the transplant protocol, so write a review date against each drug.

*On discharge, patients should be issued with an updated “yellow card” which details their medications. This is usually completed by the Haematology Pharmacist. If late in the day, the medical team will need to do this.

Follow-up on discharge from ward

- ▶ Patients are seen in Haematology Outpatients on discharge from the ward.
- ▶ Appointments are generally made through the ward clerk, who contacts outpatients.
- ▶ The outpatient nurse may do bloods for patients who have Hickman / PICC lines. When patients are discharged, the ward team need to let the nurse know which patients have central lines. Patients without lines have bloods done in the blood test centre, which is also in the outpatient building.

Blood tests

- ▶ Nurses may take bloods from patients with central lines. Request blood tests on the whiteboards in the airlocks or use the “weekly blood requests” form for patients in the 2/4-bedded bay (the nurses will show you the forms).
- ▶ For all other patients, bloods are requested by filling in a form for the phlebotomists. There are 3 rounds: 0800, 1030, and 1330.

Results sign off

All results should be checked and electronically accepted daily. This duty can be shared, as convenient, with the house surgeon. Some results, particularly microbiology, take some days to be finalised. Until they are finalised they will continue to return to you for acceptance, even after you have already accepted them one or more times. The patient may have been discharged when the result is finalised, so they will not appear on your daily list of ward patients. Therefore, you have to search for outstanding unaccepted results from this ward patients on a daily basis. Do this by searching under “Clinicians enquiry/Unaccepted results/Clin Haematology team”. If you do not know how to accept results, ask the consultant to show you.

Hickman lines/PICC

- ▶ These are put in by the Interventional Radiology (previously known as DSA) team in Radiology. They provide an excellent and very prompt service.
- ▶ Fax requests to Interventional Radiology on an ‘interventional radiology’ form.

ID Ward round

- ▶ On Tuesdays at 1500, the ID team come to the ward to discuss any patients with infection. They can easily be contacted at other times if needed.

X-ray meeting

- ▶ Fax requests to the Radiology Service by Wednesday am or email to “viewing viewing”.
- ▶ Document discussions at the X-ray meeting in the patient’s notes.

Friday BMTU round

- ▶ The Friday meeting is divided into a “paper” round where the inpatients are presented by the ward registrar +/- house surgeon (projector used to display results and radiology), followed by the ward round, which is split between ward team and weekend on call team (Ward Consultant + on-call Registrar, on-call Consultant + ward Registrar).
- ▶ The grand round is attended by all the Haematology consultants and Registrars. In addition, the Infectious Diseases team are present along with dietician, social worker, psychologist, pharmacist, OT, physio, nursing staff, etc.
- ▶ Patients requiring input from the ID team are discussed first and outpatients who may present over the weekend are also mentioned at the end of the ward round. Document all decisions made during the grand round.

Haematology Day Ward

Review of patients on the day ward is usually done by the outpatient registrar although this is shared with the ward and transplant registrars if they are busy in clinic.

Outpatients Registrar

Weekly timetable

As per departmental timetable. Concentrate on attending sessions relevant to your outpatients. The X-ray sessions are mandatory.

Clinic timetable

Monday	AM	Tandem Clinic with Dr MacPherson – alternate weeks. Consult phone cover alternate weeks.
	PM	Consult phone cover.
Tuesday	AM	Acute Review Clinic. Consult phone cover (AM only).
	PM	Tandem clinic – Dr Spearing alternating with Dr McDonald.
Wednesday	AM	Tandem Clinic – Dr Gibbons alternating with Dr Holmes.
	PM	Tandem Clinic – Dr Hsu.
Thursday	AM	Consult phone cover (AM and PM).
Friday	AM	Acute Review Clinic. Consult phone (when not on ward round).

- ▶ Times not in clinic are reserved for meetings and reviewing acute patients in MDU or in outpatients.
- ▶ The outpatient registrar works very closely with the transplant registrar. The “consult phone” will be used by switch, ED, Outpatient nurses, and MDU to organise patient reviews and ward consults. This should be shared between the Outpatient and Transplant registrars and held by whoever is not in clinic and has the lightest workload. It is important to be collegial and help each other.

- ▶ Before tandem clinics, make contact with the relevant consultant to discuss the patients who will be seen by you. Each consultant may have a preferred method of organising their clinics. At the completion of the clinic, make contact with the specialist to provide a handover of any patients not reviewed by them.
- ▶ Procedures for outpatients are generally done by the laboratory registrar, although the outpatient and transplant reg is also around if they are busy.

Note: Document blood tests to be taken before the following clinic visit.

Dictation

- ▶ We have the Winscribe dictation system. The letters are transmitted directly to the secretaries, and once typed will appear in your “Letters for approval” folder on Health Connect South for checking and approval.
- ▶ Ensure you use the standard format for the letters. Allergies and adverse drug reactions need to be included in each letter.
- ▶ Check patients’ yellow medication card to ensure their medication list is correct. Some consultants give blood forms to the patients to have a couple of days before their appointment, so indicate in your dictation if a form has been given for the next appointment.
- ▶ Some of the blood forms are also kept on file in the Blood Test Centres that patients go to, so remind patients when they should have their blood tests.

Results sign off

All results should be checked and electronically accepted daily on the patients you see. If a consultant is away, they will request that you check and accept results on their behalf (they will let you know by email/verbally). You will be shown how to do this. If you do not know how to accept results, ask the consultant to show you.

Haematology Day Ward (HDW)

- ▶ In general, the outpatient registrar is responsible for running the HDW, but the ward team and transplant registrar may be called to assist in reviewing patients. The coordination of MDU reviews and assessments in the emergency dept is the responsibility of the person holding the consult phone for any particular day.
- ▶ Patients attend the HDW for chemo, transfusions, etc., in addition to procedures, e.g. LP.
- ▶ In general, bone marrows are done on the Medical Day Ward (as there is entonox available).

Lab Registrar

Note: Also see specific detailed job description and timetable, available in the Lab.

Weekly timetable

As per departmental timetable. Concentrate on attending sessions relevant to the laboratory work. You are responsible for running the Friday morning laboratory sessions, which focuses on presenting the morphology of recent interesting cases.

Timetable

AM	<ul style="list-style-type: none"> ▶ Blood film review (the lab staff like it if this is done before 0930). Blood films are signed out by registrars but ask designated lab consultant if need further advice. ▶ Bone marrow biopsies and other required outpatient procedures (e.g. lumbar puncture, removal of Hickman lines)
PM	<ul style="list-style-type: none"> ▶ Report bone marrows and review films. ▶ Review results with Consultant for the day (all bone marrows/surface markers and CSF are reviewed by the consultant). ▶ Spend time in other areas of the laboratory e.g. special tests / molecular haematology.

Book outpatient procedures under consultation with the laboratory registrars onto to a dedicated Outlook calendar. All appointments will require confirmation of a proceduralist and a location with suitable support staff before being booked.

Friday morning laboratory meetings (Committee Room)

- 0830 Organise and present interesting blood films/bone marrow slides from the week at the lab morphology meeting. Surface markers, cytogenetics, and molecular biology results may be incorporated into Powerpoint as appropriate. Lab registrar can present these as well, or organise with relevant departments beforehand for their staff to present these.

Booking in Bone Marrows

- ▶ Generally bone marrow biopsies are concentrated on Monday, Tuesday, and Wednesday mornings in Medical Day Unit (MDU). Most of the outpatient bone marrows are performed in MDU, and inpatient marrows on the wards. Inpatient/urgent bone marrows may also be requested on Thursday/Friday.
- ▶ The Haematology outpatient administrators book the routine requests and will discuss with the registrar regarding urgent requests. Bookings are then placed on a dedicated outlook calendar. Request forms should be completed by the specialist with patient stickers attached, and then placed in the booking box in the registrar room.
- ▶ Procedures should be booked in with the MDU at a time convenient for you. You also need to let outpatients know, so that they can book that time as busy and don't book patients into clinic at the same time.
- ▶ Procedures are typically performed with local anaesthetic +/- Entonox. Additional longer bookings can be made on request for sedation with IV midazolam. These patients should be fasted (abstain from food for 6 hours, free fluids from 4 hours and nil by mouth for 2 hours). All sedation marrows must be performed with a qualified nurse. Also refer to the sedation protocol in MDU.

Outpatient Clinic

The laboratory registrars each run a tandem clinic on Thursday. One is assigned to Dr Smith (AM) with the other supporting Dr Ganly (PM). During periods of leave without cover, both tandem clinics on the Thursday will be closed to allow the solo laboratory registrar to provide support to the laboratory.

Medical Day Unit (MDU)

- ▶ Located on the ground floor, Parkside West near Medical Oncology. All the equipment for doing bone marrows is available in the MDU, but you will need to tell the ward aide when supplies are running low. Entonox is used for bone marrows if patient prefers, and is kept in MDU.
- ▶ As well as making slides with bone marrow aspirates, most aspirates also need to be put into 2x orange-capped RPMI tubes with pink preservative for ancillary tests (flow cytometry, cytogenetics, and molecular studies). Tubes are kept in fridge in Haem OP treatment room as well as fridge in MDU drug room. Need to take tubes to BMTU and other wards.

Transfusion Registrar with NZBS

- ▶ **See separate more detailed job description, available from Anne Quick.**
- ▶ Blood Bank is on the Lower Ground floor, Parkside East.

Daily organisation of the job is up to you

- ▶ The team leader (Sandra Jacobs) will organise access to the blood bank computer system and NZblood email for you.
- ▶ The Red cell serologists (Diane Whitehead and Sue Warrington) lead the registrar teaching and will run through an education programme with you in addition to setting up practice exam scenarios, etc.
- ▶ The Transfusion Nurse Specialist (under recruitment as of November 2017) looks after the transfusion reaction investigation (TRI) reporting / reviewing medical notes (among other things), which you will be expected to assist with. S/he also organises ordering of HLA-matched platelets according to Haematology / Children's Oncology / other ward demands. You may have to take over these roles if TNS not available.
- ▶ The Registrar Logbook may be used to keep track of your practical work and have it signed off.
- ▶ Tutorials are organised between the registrar and Transfusion Medicine Specialist (TMS) at a mutually convenient time.
- ▶ Visits to NZBS Donor Centre, 15 Lester Lane, are organised individually.
- ▶ It is good to spend time in collections / processing / accreditation.
- ▶ The best days to go to processing are Tuesday and Friday when they are making pooled platelets (contact Duncan Lees to arrange).
- ▶ Tuesday is good for collections because they do platelet and plasma apheresis.
- ▶ Tuesday afternoon is the haemochromatosis clinic (done by the Medical Officer/nurses based at the Donor Centre, Lester Lane).
- ▶ Clinical advice sign-off meeting with the Transfusion Medicine Specialist happens regularly, where the advice given by the Transfusion Registrar to the Blood Bank staff/Clinical staff is discussed and the emphasis of the meeting is on teaching.
- ▶ Auckland tissue typing / reference laboratory visits for Haematology advanced trainees. This can be organised through the head of tissue typing via the TMS. Flights +/- accommodation will be organised for you by Karen Martin (PA to Dr Peter Flanagan) (Can be done at a push in one day but two would be better). NZBS will pay for flights, etc.

On call

- ▶ Transfusion Registrar takes part in the NZBS on-call rota (1 in 3) and the on-call starts at 0800 for 24 hours. The on-calls are usually on Monday and Wednesday, then Tuesday and Thursday the following week, followed by the weekend Friday-Monday in the third week depending on where in the cycle you join.
- ▶ The Registrar is the 1st on-call for the whole of New Zealand and there is a Consultant back up when you are on-call. If the Registrar has never done a Transfusion run before, the Registrar will be given learning opportunity/training by the Transfusion Medicine Specialist before starting the on-calls, and is not expected to start the on-calls until after the first 2 weeks. Anup Chand (Auckland Consultant) coordinates the rota – anup.chand@nzblood.co.nz. It is your responsibility to let Anup know ahead of time regarding leave dates during the Transfusion rotation so that you are not rostered during leave.
- ▶ When on-call, most queries are from Blood Banks / Blood Donation services / Clinical teams re: blood products and serology issues etc – see the Registrar On-call Folder in Blood Bank for further information.
- ▶ There is a weekly teleconference on Monday at 0900 to discuss any interesting problems from the previous week where you will be expected to present some of your cases. This is useful for training and invaluable for answering on-call enquiries as the same questions tend to reoccur.
- ▶ You may need to follow up on-calls during the week or alert the local centre of issues that have arisen.

Teleconference

Mondays at 0900 (sometimes Tuesdays if Monday is a stat holiday). See detailed Transfusion rotation handover for latest phone number and PIN.

Haemostasis Service

The Haematology department offers a haemostasis service to support clinicians regarding periprocedural anticoagulation and patients with bleeding disorders in the community. This is coordinated by the haemostasis nurses (located in level 1 outpatient building) and overseen by Dr Smith. It is the responsibility of the NZBS registrar to regularly make contact with the haemostasis nurses to write outpatient scripts, provide plans for periprocedural anticoagulation and peri-operative treatment protocols for patients with bleeding disorders. Supervised by Dr Smith.

Transplant Registrar

Weekly timetable

As per departmental timetable. Concentrate on attending sessions relevant to the laboratory work. You run the Monday and Thursday transplant meetings together with the BMT coordinator.

Monday	1300	Transplant committee meeting alternate weeks.
Thursday	0800	Transplant planning meeting .
	1300	Paeds team meeting (usually attended by BMT coordinator alone).

Jenny Roberts and Sarah O'Brien are the BMT co-ordinators, assisted by Lizzie Collin. They can be contacted on **ext 81255** or **027 290 3184** or **021 262 9799**.

Duties

- ▶ You will be expected to dictate letters on the patients discussed at the transplant committee meeting. These should contain a brief summary of the patient's prior history, the reason for a referral, and a summary of issues raised at the meeting.
- ▶ Preparing transplant protocols, charting chemo / meds etc.
- ▶ Review and consent of patients pre-harvest.
- ▶ Admission of patients to BMTU (daily care is then done by the ward team).
- ▶ Discharge summaries for the transplant patients (template is on the G drive). These can be completed after discharge or at the first clinic review.
- ▶ Review of patients in clinic post-discharge.
- ▶ Co-ordinating blood results / drug levels etc for patients post-transplant at remote sites, e.g. Nelson, Marlborough, Dunedin, and Invercargill.
- ▶ Review of patients before harvesting – Friday afternoons 1400 hours with BMT coordinator.
- ▶ Performing bone marrow harvests as needed.

The transplant registrar performs regular clinics as follows:

Monday	AM	Transplant clinic and Acute reviews clinic.
Tuesday	AM	Transplant clinic and tandem clinic with Dr Butler.
	PM	Consult phone cover.
Wednesday	AM	Consult phone cover (all day). Acute review clinic.
Thursday	AM	Transplant clinic and acute reviews clinic
Friday	AM	Acute reviews clinic and consult phone when the outpatient registrar is on ward round.
	PM	Transplant clinic – donor assessments and reviews of patients for stem cell harvest.

The outpatient registrar works very closely with the transplant registrar. The "consult phone" will be used by switch, ED, Outpatient nurses and MDU to organise patient reviews and ward consults. This should be shared between the Outpatient and Transplant registrars and held by whoever is not in clinic and has the lightest workload. It is important to be collegial and help each other.