

## Roles of the ED Consultant

### Clinical whilst in Department as EPIC

Work with the nurse in charge to maximise flow and department efficiency. Complete 2 hourly touch points with the nurse in charge when they are completing the department sitrep to review and develop plans for patients in the department or delegate this to an appropriately supervised trainee as part of their training.

Ensure timely clinical assessment of patients, ensure Resus patients are seen immediately, aim to have at least 2 patients reviewed within 10 mins, ensure ECGs are signed within 10 mins of completion.

Supporting the team to make timely and effective management plans (aim for all patients to have a plan by 3hr).

Lead the handover, ensuring all clinicians attend, reviewing all relevant patients and any issues in department are discussed and resolutions found at 08:00 and 22:00. Ensure the key messages contained within the daily huddle sheet are passed on to all members of staff at this handover.

Ensure senior review in line with RCEM guidelines (returns within 72 hours, adult chest pain, abdominal pain over 60 years, under 1 year olds with a fever)

If the consultant is leaving the department with Dr wait >2hr complete the narrative section of the sitrep on EMBeds to describe the plan to manage the risk in the department.

Have oversight of all patients needing admission, to understand the reason they need admitting to hospital and ensure these patients have no unaddressed emergent issues delaying their transfer, e.g outstanding POCT/ RESPECT forms etc.

Ensure staff are compliant with trust policies e.g hand hygiene, uniform, sickness reporting, infection control

### Clinical but not EPIC

Support the EPIC Consultant in whatever way is most appropriate for the department at the time and after discussion with the EPIC examples include but not exclusively: -

Front door turn around – seeing and streaming or discharging patients rapidly at the front door so patient receives the right management in the right place as early as possible

UCH – manning the UCH to see the low acuity stream of patients

Resus – supporting high volumes of unwell patients requiring rapid assessment and treatment initiation in Resus or those requiring procedures.

Paediatrics – seeing and treating patient in the paediatric stream

Majors - seeing majors patients and providing timely plans and treatments

Ensure staff are compliant with trust policies e.g hand hygiene, uniform, sickness reporting, infection control

### Whilst on-call

Be able to attend the department within 30 minutes of being called for the following reasons: -

Trauma calls

Any critically unwell patient requiring senior decision making

If the ED senior nurse, or doctor, deems that the department is unsafe or that patients are at risk due to surges in demand, or high numbers of untriaged majors.

Be able to provide advice to the senior clinician on either site regarding clinical or managerial issues they are unable to resolve themselves.

### Non-clinical Roles

Participate in department Quality Improvement projects, audits and change management

Contribute to the teaching programmes of all grades of clinician, both formal and shop floor teaching

Provide clinical supervision to junior clinicians whilst on rotation in the departments

Contribute to the departmental mortality review process

Attend the weekly SMT meetings and contribute to the running of the departments

Remain current in all life support courses (ALS, APLS, ATLS or equivalents) and aware of the trust Major incident plan and ED Consultants role within this.

Actively engage with the trusts appraisal process and remain up to date with appraisal and revalidation

Contribute the provision of reports for the Coroner, Police Statements and for Complaints management adhering to time frames