

RUN DESCRIPTION

POSITION:	HOUSE OFFICER
DEPARTMENT:	Gastroenterology & Hepatology
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Service Clinical Director, Gastroenterology through a nominated Consultant/Physician.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Gastroenterology Service. After hours this includes the facilitation of the management of patients under the auspices of the after hours team (General Medicine, Medical Specialties, Older People's Health and Mental Health Services).
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	3 months

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level; Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar or Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed; Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis on weekdays; Maintain a high standard of communication with patients, patients' families and staff; Inform registrars/consultants of the status of patients especially if there is an unexpected event; Liaise with other staff members, departments, and General Practitioners in the

Area	Responsibilities
	<p>management of in-patients;</p> <ul style="list-style-type: none"> • Communicate with patients and (as appropriate) their families about patients' illness and treatment • Prepare required paperwork on Friday prior to known or likely weekend discharges. • Attend handover, Team and departmental meetings as required. • Between the hours of 2200 - 0800 an "after hours team" is in operation. During this period of time House Officers work generically across General Medicine, Medical Specialties, Older People's Health and Mental Health Services on a "first past the post system". • House Officers will be assigned a home team and supervisor, however are allocated to the Medicine service as a whole, with workload reviewed daily and shared across the House Officer positions.
Acute admitting	<ul style="list-style-type: none"> • Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant; • Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams, services or after hours team as per the attached roster.
On-Duty	<ul style="list-style-type: none"> • When On Duty, be at the recognised workplace for the purpose of carrying out house officer duties.
Administration	<ul style="list-style-type: none"> • Be responsible for the accuracy and completeness of reports, patient notes and other official documentation written by the house officer. Ensure legible notes are written in patient charts at all times. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1. <i>"The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed."</i> 2. <i>"Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so."</i>

Section 2: Training and Education

<i>Area</i>	<i>House Officer Responsibility</i>	<i>Service Responsibility</i>
General	<p>Through example and supervision, actively contribute to service teaching and development sessions through presentations and case reviews as requested.</p> <p>Advise their consultant/s of other clinical teaching times e.g. Clinical Skills Courses etc.</p>	<p>Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400 to 1700, and for their locators to be held on their respective home wards or by CETU during this time;</p>

Section 3: Cover

- There is 1 house officer on this run
- The House officer will work rostered on duty hours as in the attached roster.
- The house officer will work three or more periods of nights during the run.

<i>Other Resident and Specialist Cover</i>
<p>The Gastroenterology House Officer will combine with Haematology, Respiratory, Oncology, Renal and Gastroenterology House Officers provide cover for the medical specialty services outside the hours of 0800 – 1600 Monday to Friday.</p> <p>Between the hours of 2200-0800 the on duty acute call house officer will work as a member of the after hours team, covering General Medicine, Medical Specialties and Mental Health (this includes the Te Whetu Tawera and Fraser MacDonald units) in accordance with the attached roster</p>

Section 4: Performance Appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated Clinical Supervisor to discuss goals and expectations for the run, review and assessment times, and teaching. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor 	<p>The service will provide,</p> <ul style="list-style-type: none"> • An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run, review and assessment times, and teaching. • An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor. • The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to the House Officer's attention, and discuss and implement a plan of action to correct them; • A final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer. • For PGY1 and PGY2 House Officers, end of run meetings and assessments will be documented electronically via e-port.

Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	13.15	
All other unrostered hours	2.08	
Total hours per week	55.23	

Salary: The salary for this attachment is estimated to be a Category **C** run category.