

RUN DESCRIPTION

POSITION:	House Officer – Orthopaedics
DEPARTMENT:	Orthopaedics
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	The Clinical Director Orthopaedic Service & Perioperative Manager - Orthopaedics
FUNCTIONAL RELATIONSHIPS:	Health care consumers, Hospitals and community based health care workers.
PRIMARY OBJECTIVE:	To facilitate the care of patients in the care of the Orthopaedics service.
RUN RECOGNITION:	This clinical attachment is accredited by New Zealand Medical Council for prevocational training.
RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

Area	Responsibilities
Clinical Duties & Work Schedule	<p>Under the supervision of the Consultant, through the Registrar the house surgeon will be responsible for day to day management of orthopaedic patients by:</p> <ul style="list-style-type: none"> • Within the framework of the acute roster, clerk acute admissions, pre-admissions and booked admissions, arranging appropriate investigations in pre-operative work ups and/or developing the initial plan for investigation and management. • Communicating the initial assessment to the registrar and/or consultant and instituting immediate treatment as appropriate. • Maintaining an accurate and legible clinical record for each patient, including: <ul style="list-style-type: none"> ○ history and examination record ○ an up to date problem plan and investigation sheet, including legible medication chart ○ all entries recorded with the time and date and a legible signature ○ weekend summaries for all inpatients • Carry out with the Registrar a daily ward round during ordinary hours and on Saturdays where rostered on duty and a ward round with the Consultant at least twice per week. • Reviewing the management of all patients on a regular basis with the registrar attached to the team for whom he/she is working. • Assisting in the review of all pathology, radiology and other diagnostic reports on a daily

Area	Responsibilities
	<p>basis, notifying registrar and/or consultant of significant results.</p> <ul style="list-style-type: none"> • Attending all ward rounds with the team for whom he/she is working, arranging all tests arising from the rounds and following up the results on the same day. • The house surgeon may attend clinics, operating sessions or procedures related to the team for whom he/she is working. • Informing the registrar and/or consultant when she/he is concerned about any patient. • When going off duty, providing a handover to the duty house surgeon and/or registrar of any patients whose condition is unstable or of concern. • Communicating effectively and appropriately with patients, their carers and families and general practitioner about the patient's condition and management. • Communicating and coordinating effectively with nursing and other staff in relation to management plans, diagnostic requests and consultations, and following up the patient to ensure these are carried out, and assessing the outcome. • Ensuring adequate transfer of information and concern regarding all patients' clinical conditions when passing on responsibility, e.g. going off duty, going on leave, moving to a new run. • Participating in discharge planning and providing, where possible at the time of discharge electronic discharge summaries for each patient discharged, ensuring that discharge medications have been correctly prescribed in consultation with the registrar. • Ensuring arrangements for autopsy, death certificates, cremation certificates where appropriate, and coroners referrals where appropriate are made with appropriate support from other staff. • Attend Grand Round on a Tuesday with team. • Attend Radiology Review meeting, held at 1615 hours fortnightly on a Wednesday. • Attend handover meeting at 0730 hours • During an after-hours shift, the participants on this run will contribute to an after-hours team. The House Officers will work generically across General Surgery, Urology, Orthopaedics, General Medicine and Medical Specialties over this time, however will work in their designated service wherever possible.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Be responsible for certifying death and complete appropriate documentation; • 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. "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." 2. "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. • If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the RMO is clinically responsible in the absent duty. • As an RMO working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your

Area	Responsibilities
	responsibility to ensure you check this regularly.

Section 2: Training and Education

Nature	Details						
Protected Time	<p>Professional development of a House Officers skills and knowledge should occur during the run. All House Officers must attend their departmental meetings. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <ul style="list-style-type: none"> • HO Teaching Programme- Thursday 1230 to 1430 hours, Conference Room 1, NSH and Kawakawa Room WTH (unless advertised otherwise). This is protected teaching time with the handing in of the pagers for monitoring by the Team Leader Medical Education Training Unit.. Any urgent messages will be redirected to the team registrar. • Practical Skills Training- Monday 1200-1400 hours, Seminar Room 1, Learning and Development, NSH (unless advertised otherwise). Consists of six different training modules run on a repeat cycle throughout the year. These modules have been designed to assist RMOs to maintain their skills in different ACLS procedures and practical skills. House Officers are expected to attend each module at least once during the training year. • Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital. • The Pathology Review as indicated on Team Timetable. • The Radiology Review as indicated on Team Timetable. • Journal Club on Monday at North Shore Hospital. <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="background-color: #cccccc;">Orthopaedic Activity</th> <th style="background-color: #cccccc;">Day and Time</th> </tr> </thead> <tbody> <tr> <td>Formal Teaching Round</td> <td>Friday morning 0700-0900 CRM 3</td> </tr> <tr> <td>Pathology Review</td> <td>Relevant pathology cases reviewed at Trauma handover daily.</td> </tr> </tbody> </table> <p>The Waitemata DHB will ensure:</p> <ul style="list-style-type: none"> • That all house surgeon runs achieve equally high standards of education, training and supervision, and • For house surgeons appointed in November, that the combination of runs to which a first year house surgeon (probationer) will be deployed will meet the Medical Council registration requirements for general registration within one year. 	Orthopaedic Activity	Day and Time	Formal Teaching Round	Friday morning 0700-0900 CRM 3	Pathology Review	Relevant pathology cases reviewed at Trauma handover daily.
Orthopaedic Activity	Day and Time						
Formal Teaching Round	Friday morning 0700-0900 CRM 3						
Pathology Review	Relevant pathology cases reviewed at Trauma handover daily.						
Training & Development of Other Staff	<p>Education sessions characterised by:</p> <ul style="list-style-type: none"> • a planned curriculum designed to meet the specific learning needs of house surgeons, • teaching time that is protected, usually with the handing in of pagers for monitoring by other clinical or non-clinical staff <p>It is expected that house surgeons will attend these sessions, unless urgent clinical duties do not permit attendance or they are on leave.</p>						

Nature	Details
	<p>Activity: Average hours per week:</p> <p>House Surgeon Education Sessions 2</p> <p>Conference Room 1</p> <p>1330 – 1530 hrs</p> <p>Thursdays</p>

Section 3: Roster

Hours Of Work

There are 10 orthopaedic team House Officers and 5 Reliever House Officers.

- Monday to Friday: 0730 – 1600
- Night Duty: 2200 - 0800
- Acute Admitting Duty (Mon – Fri): 0730 – 2230
- Acute Admitting Duty (Sat – Sun): 0730 – 2215
- Post Acute Rounds: 0800 – 1600

Number of night duties → Up to 21 nights per 13 week run

House Officers will be assigned a home team and supervisor, however are allocated to the Surgical service as a whole, with workload reviewed daily and shared across the House Officer positions. In distributing the workload both patient safety and the safety and experience of the RMO will be considered, with the intent to smooth patient load and avoid excess work load for individuals.

For example; If a Orthopaedic House Officer has a minimal patient load, with minimal tasks to complete on a given day, they may be required to assist another Orthopaedic team who is at capacity.

This will not remove the need for cross cover payments where relevant situations exist.

Section 4: Performance appraisal

House Officer	Service
<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>For additional support and advice the House Officers should discuss with their Educational Supervisor.</p>	<p>The service will provide:</p> <ul style="list-style-type: none"> An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run, review and assessment times, and teaching. A mid-run meeting and assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and 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. An end of run meeting and final assessment report on the House Officer, 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

Average Working Hours	Service Commitments
<p>Basic hours 40.00</p>	<p>The service together with RMO Support will be responsible for the preparation of any rosters.</p>
<p>Rostered additional hours (inc. nights, weekends & long days) 14.82</p>	
<p>All other unrostered hours 10.00</p>	
<p>Total hours per week 64.82</p>	

Salary: The RMO's will be remunerated at a Category B for this clinical attachment.

→ The **Reliever House Officers** will perform the duties of House Officers who are on leave, night duty, sleep days or RDOs and be remunerated at an A+ category.