



RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Orthopaedic Surgery
PLACE OF WORK:	Auckland Hospital
RESPONSIBLE TO:	Clinical Director, Director of Trauma and Service Manager of Orthopaedics or a nominated Consultant Surgeon
FUNCTIONAL RELATIONSHIPS:	Hospital based healthcare worker
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Orthopaedic Department
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	13 weeks

Section 1: House Officers Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> Assess all acute and “transfer” admissions to the service by taking a history, performing a physical examination, constructing a problem list and formulating a management plan in consultation with the Registrar and/or Consultant. See assigned patients on a daily basis (Monday to Friday) during rostered hours. Attend operating room as required by Registrar and/or Consultant Perform required procedures as directed by Registrar and/or Consultant. Liase with other staff members, departments and general practitioners in the management of their patients. Communicate with patients and their families about patients’ illnesses and treatment where appropriate. Attend handover, team and departmental meetings as required.

Admitting	<ul style="list-style-type: none"> Assess and admit Orthopaedic patients referred by ED or from the community.
After Hours Duty	<ul style="list-style-type: none"> When on duty after hours be in the hospital Respond to requests by nursing staff and other members of medical staff to assess and treat in-patients under the care of other medical teams as detailed in roster.
Inpatients	<ul style="list-style-type: none"> Attend ward rounds as required by the Registrar and/or Consultant. Implement treatment of assigned patients (including ordering and follow up of any necessary investigations) under the supervision of the Registrar and/or Consultant. Ensure images are available for early morning review as required by the Registrar and/or Consultant. Ensure relevant documents, e.g. discharge summary, medication and follow-up appointments are given to patient on discharge and as necessary. When not on duty Friday evening or the weekend, inform the on-duty House Officer about patients whose condition requires monitoring and review. Complete documentation on Friday prior to known or likely weekend discharges.
Outpatients	<ul style="list-style-type: none"> Attend outpatient clinics as rostered or as required by the Registrar and/or Consultant
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, date and time of consultation and locator number legibly recorded. Request appropriate laboratory tests and sight and sign results. Notify abnormal results to the Registrar and/or Consultant as soon as practicable.

Section 2: Weekly Schedule

Responsibilities
<ul style="list-style-type: none"> Make daily ward round of patients first thing each morning where possible. Attend wards and perform ward duties as required. Attend Outpatient Clinics in an observer capacity for own educational purposes where possible. Attend operating room for self-educational purposes wherever possible.

Section 3: Education and Training

Nature	Details
Protected Time	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"> • Orientation at the beginning of the run • 8:00-9:00am each Tuesday morning weekly Departmental Education and Audit Meeting – Clinical Education Centre, Auditorium, 5th Floor, Auckland Hospital. • Attendance at Consultant teaching for one hour at designated time each week. • Attendance at formal House Officer Teaching Programme Tuesday 1-5pm. • Radiology Meeting 7:00-8:00am each Friday, 3rd floor Auckland Hospital.
<p><i>The House Officer is expected to contribute to the education of nursing and technical staff when requested.</i></p>	

Section 4: Cover

Other Resident and Specialist Cover
<p>There are 10 House Officers on the run who combine with the 3 Urology House Officers and 3 relievers to provide cover for leave, Rostered Days Off (RDOs), sleep days and night duties for both the Urology and Orthopaedic services.</p> <p>The 10 House Officers will work across 5 Orthopaedic teams. Each 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.</p> <p>For example; If an 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 or Urology team who is at capacity.</p> <p>This will not remove the need for cross cover payments where relevant situations exist.</p>

Section 5: Roster

Hours of Work		
Ordinary Hours	Monday to Friday	0730 – 1600
Acute Admitting	Monday to Friday	0730 – 2230
Acute Admitting	Saturday to Sunday	0730 – 2200
Night Duty	Monday to Sunday	2200 – 0800
Ward Round	Saturday	0730 – 1530

Section 6: 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 action plan in consultation with the 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 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 the Clinical Supervisor responsible. The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to 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 PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.

Section 7: Hours and Salary Category

Average Working Hours	Service Commitments
<p>Basic hours (Mon-Fri) 40</p>	<p>The service, together with RMO Support Unit will be responsible for the preparation of any rosters.</p>
<p>Rostered additional hours (Inc. nights, weekends and long days) 9.46</p>	
<p>All other unrostered hours 8.39</p>	
<p>Total average hours per week 57.85</p>	

Salary The salary for this attachment will be as detailed for a Category **C**.