

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Auckland Regional Centre for Plastic Reconstructive & Hand Surgery, New Zealand National Burn Centre
PLACE OF WORK:	Middlemore Hospital and Manukau Super Clinic and Manukau Surgery Centre
RESPONSIBLE TO:	Service Manager, through their registrar, supervising consultant, and clinical head of Plastic Surgery/Hand Surgery
FUNCTIONAL RELATIONSHIPS:	Patients of Counties Manukau DHB Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Department of Plastic Surgery/Orthopaedic Hand Surgery Team
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	13 weeks

Section 1: House Officer Responsibilities

Area	Responsibilities
Clinical Duties	<p>Clerking acute and elective admissions.</p> <p>Attending daily ward rounds with the registrar and consultant.</p> <p>Attend acute and elective admissions to the Department, construct a problem list and request basic investigations</p> <p>Will attend operating theatre sessions and other clinical sessions as directed by the supervising consultant.</p> <p>Attending LAOP lists if time allows.</p> <p>Review patient's daily and their wounds and dressings as directed by senior team members</p> <p>Phlebotomy and IV Lines.</p> <p>Management of inpatients - IV fluids, drugs, etc.</p> <p>Attending Pre-admission clinics at Manukau Super Clinic as per clinic schedule.</p> <p>Attend pathology meetings as directed by the supervising consultant</p> <p>Clinical skills, judgement and knowledge are expected to improve during the attachment</p> <p>Where competent, holding triage pager for acutes.</p> <p>RMO's who are post-acute need to ensure that they attend handover. If also required to do a ward round, normally starting at 0730, the House Officer should request to present their cases first and handover to someone senior to direct</p>

Area	Responsibilities
	questions if required, enabling to get to their rostered ward round duties.
Hand Over	House officers are always encouraged to attend handover if your team is not actively rounding. In particular where patients carry over for several days, the house surgeon may have valuable information to share with the team.
Administration	<p>Legible clinical notes will be written in patient charts on admission, daily on weekdays and whenever management changes are made.</p> <p>The house surgeon will participate in surgical audits and complete audit forms.</p> <p>Appropriate laboratory tests will be requested and results sighted and signed and reported to the Registrar if abnormal.</p> <p>On discharge, house surgeon is responsible for the timely completion of paperwork including the Electronic Discharge Summary (EDS).</p>

Section 2: Training and Education

Education	The Senior Staff in the Plastic Surgery Department are committed to providing training opportunities and actively participate in the training of house officer. The Senior Staff acknowledge the importance of formal education and will support house officers in attending such training. There will be a minimum of 2 hours educational sessions per week that includes clinical meetings, in-service training from registrars and the weekly general teaching sessions for house officers. The plastic department have dedicated weekly training sessions which start at 0700. This is on a Thursday for Plastic Surgery and on Friday for dedicated Hand teaching.**
Research	Not applicable

Note: **dates and times for the sessions above may change.

There is a minimum of 2 hours per week medical learning, which includes the weekly tutorial, journal club and pathology session.

Section 3: Roster

Roster
<p>There are 6 plastic surgical house surgeons employed by the Plastic Surgery Department, one on each plastic surgical team, with the exception of the Burns and Orthopaedic Hand teams which has two house surgeons, plus 3 relievers.</p> <p>There are 2 Orthopaedic Hand House Surgeons who join with the Plastic Surgery House Officers to provide acute call cover for the night and after hour roster.</p> <p>In the instance where there is no one of the above to cover, the relieving House Officer/s will be rostered to clinics and/or Team Cover if Annual Leave has been granted on these days.</p> <p>The ordinary hours of work are from 0730 to 1530. The Thursday and Friday teaching session commences at 0700. Acute call duty is from 0730 to 2230. Two House Officers are rostered on duty each weekend for acute call. Each person will work a maximum of four admitting weekends and two sets of weekend nights per quarter.</p> <p>During a night shift, the participants on this run will contribute to a hospital at night model. The house officers main responsibility lies with the Plastic, Burn and Hand service, however may be asked to assist generically surgical services, or the hospital as a whole including General Medicine and Medical Specialties over this time, if the workload requires this.</p>

Hours of Work

Ordinary Hours	Monday to Friday	0730 - 1530
Acute Call Long day duty	Monday to Sunday	0730 - 2230
Night duty	Monday to Sunday	2200 - 0800
Weekend Short Day	Saturday and Sunday	0730 - 1530

Section 4: Cover

Other Resident and Specialist Cover

Cover for planned leave is provided by relievers.

Applications to take annual leave are approved on a "first-come-first-served" basis.

Medical education leave to attend courses or for study and exam purposes is granted in accordance with the provisions of the collective employment contract. Applications for medical education leave should be submitted as early as possible to facilitate cover arrangements.

If your Departmental colleagues take unplanned leave eg sickness or planned leave where no relief is available you may be asked to provide cover for your colleague's duties.

Section 5: Performance appraisal

House Officer Responsibilities	Service Responsibilities
<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 responsible for them.• 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 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 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	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)	13.66	
All other unrostered hours	5.38	
Total hours per week	59.04	

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