

# **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer – Older Adults and Home Health Service (OAHH)
<b>DEPARTMENT:</b>	Assessment, Treatment and Rehabilitation Inpatient Service (AT&R)
<b>PLACE OF WORK:</b>	North Shore Hospital
<b>RESPONSIBLE TO:</b>	Service Manager, AT&R Service through the Clinical Director/Geriatrician
<b>FUNCTIONAL RELATIONSHIPS:</b>	Patients and family/whanau, hospital and community based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of Older Adults and Home Health' Service
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
<b>RUN PERIOD:</b>	13 -weeks

## **Section 1: House Officer's Responsibilities**

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties &amp; Work Schedule</b>	<ul style="list-style-type: none"> <li>• Under the supervision of the Geriatrician and the Registrar, facilitate the management of patients under the Care of the Older Adults and Home Health' Service (OAHH).</li> <li>• Undertake daily ward rounds either as the primary doctor or with a registrar or Consultant according to the ward roster. Write progress notes on patients reflecting the assessment and management plan decided on during the ward round.</li> <li>• Keep patients informed of their progress. Answer as able any questions relating to their diagnosis and management and explain any procedures (or refer these questions to the Registrar or Geriatrician if needed).</li> <li>• With permission of the patient, liaise with relatives, and answer questions relevant to the patient's illness, or refer these to the Registrar or Geriatrician.</li> <li>• Admit, assess, and arrange investigations for acute and elective admissions to the ward.</li> <li>• Keep the Registrar and/or the team Geriatrician informed of problems as they arise in the ward (or wherever else the House Officer may be caring for patients).</li> <li>• Attend patients under their care, at the request of nursing staff.</li> <li>• Undertake rostered after hours duties in the AT&amp;R and acute medical wards, North Shore Hospital.</li> <li>• Undertake such other duties as may be required from time to time by the Clinical Director, Older Adults and Home Health Service (OAHH).</li> <li>• Attend weekly multidisciplinary ward conference(s). Liaise as needed with other members of the multidisciplinary team to ensure a smooth and coordinated process</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<p>of care.</p> <ul style="list-style-type: none"> <li>• Attend family conferences of patients under care, as arranged at the multidisciplinary team meetings.</li> <li>• Attend to additional matters required for patient care such as completing death certificates and preparing discharge letters (see below in more detail).</li> <li>• Sight and accept all laboratory and radiology results for team patients on a regular daily basis. Discuss abnormal or unfamiliar results with seniors.</li> <li>• In the event of the pressure of other duties leading to difficulty completing assigned duties, notify the Registrar or Geriatrician of this.</li> <li>• Ask for advice or assistance from senior medical staff when not certain what to do.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a high standard of documentation in the files of patients. All clinical notes are to be signed, with a printed name and contact number legibly recorded;</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>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."</li> <li>2. "Council believes that obtaining informed consent is a skill best learned by the house officer observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so.</li> </ol> </li> <li>• 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 house officer is clinically responsible in the absent duty.</li> <li>• 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 responsibility to ensure you check this regularly.</li> </ul>

## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<b>Protected Time</b>	<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"> <li>• 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.</li> <li>• 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.</li> <li>• Attend the weekly departmental educational meeting and, at least once per run take responsibility for a presentation. (Mondays, one hour).</li> <li>• Obtain supervised teaching from the ward consultant, registrar and ward pharmacist.</li> <li>• Attend the Unit's Morbidity and Mortality meetings, as scheduled.</li> <li>• Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital.</li> <li>• Attend other educational events that are of interest and relevance, as possible depending on clinical commitments.</li> <li>• PGY1 and PGY2 house officers will complete all Medical Council requirements for training.</li> </ul>

## Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>There are 4 House Officers and 4 Registrars employed in the AT&amp;R North Unit. There will be one House Officer and one Registrar working with a specialist Geriatrician on each team. House Officers contribute to a combined roster involving 25 General Medicine House officers, 4 OAHH House Officers, 2 Cardiology House Officers, 5 ADU House Officers, 1 Haematology House Officer and 1 MHSOA House Officer. There are 8 relievers/night relievers in summer and 10 relievers/night relievers in winter.</p> <ul style="list-style-type: none"> <li>• When rostered on a weekend House Officers are expected to do a ward round in the Geriatric Unit on Saturday morning between the hours of 9am-12pm. House Officers will not be expected to take ward calls during this time.</li> </ul> <p>When on duty after hours, the OAHH/Medical house officer responds to requests by nursing staff and other medical staff to assess and treat patients under the care of all the general medical and AT&amp;R teams and wards. Therefore on duty house officers during evenings, nights and weekends provides ward cover for Medical and AT&amp;R patients and any Medical Outliers. The house officers will also contribute towards an after-hours team working generically across General Surgery, Urology, Orthopaedics, General Medicine and Medical Specialties over this time. They will however work in their designated service wherever possible.</p> <p>Ward 12 (Kingsley Mortimer unit) cover: Medically related concerns after hours – on call mental health house officer reviews first and then refers to the on-call Medical registrar as required</p> <p>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 service.</p>

## Section 4: Roster

<i>Hours of Work</i>
<p><u>Ordinary Working Hours</u></p> <p><b>08:00 - 16:00</b> Monday to Friday 8 hours per day (ordinary hours)  <b>08:00 - 22:30</b> Weekday long day  <b>08:00 - 22:30</b> Saturday/Sunday long day  <b>08:00 - 1600</b> Sunday/Sunday short day  <b>22:00 - 08:00</b> Night shift</p> <p>During an after-hours shift, the participants on this run will contribute to an after-hours team. The House Officer 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.</p>

## Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• At the outset of the run meet with their designated Clinical supervisor to discuss their learning objectives and expectations for the run, review and assessment times, and one on one teaching time</li> <li>• After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor</li> </ul>	<p>The service will ensure:</p> <ul style="list-style-type: none"> <li>• An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run, review and assessment times, and one on one teaching time;</li> <li>• 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 for them;</li> <li>• 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 an agreed plan of action to correct them;</li> <li>• 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</li> <li>• For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	
Rostered additional hours (inc. nights, weekends & long days)	16.45	
All other unrostered hours	0	
Total hours per week	56.78	

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