

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Emergency Medicine
PLACE OF WORK:	North Shore Hospital/Waitakere Hospital
RESPONSIBLE TO:	Clinical Director and Unit Manager of Emergency Medicine, through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
RUN RECOGNITION:	This run is recognised by the New Zealand Medical Council as a Category C run, however the post is not available to first year House Officers
RUN PERIOD:	3 months

Section 1: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> <input type="checkbox"/> Hours of duty are allocated according to a rostered shift system which is under the conditions specified in MECA <input type="checkbox"/> (a) To be responsible for the day to day management of Emergency Department patients in conjunction with the Senior Medical Officer on duty. <input type="checkbox"/> (b) To Consult at all times with the Senior Medical Officer on duty regarding cases for which he/ she is responsible. <input type="checkbox"/> Through the hours rostered to be available to respond immediately to nursing staff/ supervising medical staff requests to see patients urgently in the department. <input type="checkbox"/> To see patients through-out the shift up until 30 minutes prior to the end of the shift. During the final 30 minutes ensure all patients under their care have a plan made after discussion with the senior consultant – either for discharge or handover to oncoming team. Patients for handover require all documentation to be up to date including a partially completed discharge summary, handover form and completed drug chart <input type="checkbox"/> Clinical skills, judgement and relevant knowledge are expected to the level of experience, however, there is an expectation to improve one's skills as the run progresses.

<i>Area</i>	<i>Responsibilities</i>
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<p>Administration</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the ED clinical notes to a high standard including attendance date and time, documentation of treatment, medications, referrals, and results of consultation with senior staff (including their name). <input type="checkbox"/> Complete all the DHB mandated IT related patient clinical information. <input type="checkbox"/> Write appropriate and legible clinical notes and, in addition, complete an electronic 'Clinical discharge Summary' which will be emailed to the patient's GP as well as a printed copy given to the patient. Also, if appropriate, printed patient advice sheets will be explained and provide to the patient at discharge as well as a discharge script if needed. <input type="checkbox"/> Attend to additional clerical matters to do with patients such as reviewing and accepting laboratory reports, complete Accident Compensation Certificates and when required to write a report for outside agencies on a particular patient e.g. Police, insurance companies. <input type="checkbox"/> Where appropriate, the House Officer will provide a prescription for medication and/or relevant certificate regarding work fitness. <input type="checkbox"/> The House Officer is responsible for the completion of relevant ACC documentation. <input type="checkbox"/> All medical-legal administrative activities will be carried out in consultation with the Clinical Leader or Clinical Director. <input type="checkbox"/> Follow up on all abnormal diagnostic results appropriately. <input type="checkbox"/> Be responsible for certifying death and complete appropriate documentation; <input type="checkbox"/> At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; <input type="checkbox"/> Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul 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, the House Officer must ensure the necessary information is communicated and discussed." 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. <input type="checkbox"/> If absent due to unexpected circumstances (e.g. health, other), contact the Emergency department secretary 0800-1500 and the lead emergency consultant on 0212795093 (north shore hospital) or 021679683 (Waitakere hospital). The house officer is expected to provide as much notice as possible of a potential absence so a replacement can be found <input type="checkbox"/> As an House Officer working at WDHB you will be provided with a Concertologin and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.
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Education	Professional development of a House Officer's skills and knowledge should occur during the run. All House Officers should try attend the weekly teaching sessions unless rostered on night shift. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):
Performance	<ul style="list-style-type: none"> □ Performance will be assessed by a senior Emergency Medicine Specialist in the role of Clinical House surgeon supervisor based on input from senior medical staff and registrars of the department and a report forwarded to the Northern Regional Alliance after discussion with the House Officer. □ An orientation session, a verbal mid run assessment, and a final written assessment will be undertaken. □ If deficiencies are identified during the attachment the Clinical Supervisor will bring these to the House Officer attention and discuss how they may be addressed.

Section 2: Performance Appraisal

<i>Area</i>	<i>Responsibilities</i>
<p>The House Officer should meet with their Clinical Supervisor to discuss learning objectives at the commencement of the run using the Medical Council Form RP1.</p> <p>The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified, the Clinical Supervisor will identify these with the House Officer who should implement a corrective plan of action under the advice of their Clinical Supervisor.</p> <p>The House Officer should ensure they meet with their Clinical supervisor at the end of run to complete the RP2.</p> <p>For additional support and advice the House Officers should discuss with their Intern Supervisor.</p>	<p>The Clinical Supervisor to whom the House Officer is attached will assess the performance of the House Officer and complete and forward a report to the Northern Regional Alliance, after discussion with the House Officer.</p> <p>The Clinical Supervisor will discuss learning objectives at the beginning of the run with the House Officer using the Medical Council Form RP1. The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified during the attachment, the Clinical Supervisor to whom the House Officer is responsible will bring these to the House Officer's attention and discuss how they may be corrected.</p> <p>The Clinical Supervisor will meet with the House Officer again at the end of run to complete the RP2 and forward to the intern supervisor.</p> <p>The Intern Supervisor receives the quarterly reports on probationary house officers, completed by Clinical Supervisor, and provides formal reports to the Medical Council for registration purposes e.g. for probationary registrants seeking general registration.</p>

Section 2: Weekly Schedule

There will be 12 House Officers participating on this roster who will work at North Shore and Waitakere Hospitals.

ROSTER	Week	M	T	W	T	F	S	S	HRS
	1	N	N	N	N	X	X	X	38
	2	D	A	A	X	X	A	A	46
	3	A	A	X	A	A	X	X	36
	4	X	T	D	D	N	N	N	50.5
	5	X	T	X	X	D	D	D	32
	6	RL	RL	RL	RL	RL	X	X	50
Av hr per week inc teaching									42.1hrs

Legend			
D	Day Duty	0800-1800	10
A	Afternoon duty	1500 - 2400	9
N	Night duty	2300 - 0830	9.5
T	Teaching	1300-1500	2
X	Day off		0
RL	Reliever	Roster as per house officer away on leave	10

Relief week

All house officers will receive a minimum of 2 weeks notice of duties during their relief week. Where the house officer has not been booked to cover planned leave during their relief week, they can be allocated to cover an unexpected absence of a house officer during the ordinary hours. MECA Clause 4 & 5 of the short notice leave relievers' provision shall apply in these circumstances. House officers will be remunerated for this relief week at 2 categories above the normal run category. MECA clause 8.1.3 will apply.

Average hours of work are 42.1 per week.

Standard shifts are:

Day	0800 -1800
Afternoon/Evening	1500 - 2400
Night	2300 - 0830

Routine duties will be scheduled at least one month in advance.

All roster changes and swaps must be agreed with the Unit secretary.

Cover for Leave: Please talk to the Unit secretary at North Shore or Waitakere Hospital for leave requests.

Section 3: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	42.1	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Total hours per week	42.1	

Salary The hours of work for this attachment are as detailed for an E category run, however a minimum of a C will apply.