

# RUN DESCRIPTION

<b>POSITION:</b>	Spinal Rehabilitation House Officer
<b>DEPARTMENT:</b>	Auckland Spinal Rehabilitation Unit (ASRU), ARHOP; CMH
<b>PLACE OF WORK:</b>	Auckland Spinal Rehabilitation Unit, 30 Bairds Road, Otara, Auckland Mileage will be reimbursed at 9km return for each trip between the Spinal Unit and Middlemore Hospital.
<b>RESPONSIBLE TO:</b>	Service Managers and Clinical Director through the supervising Consultant and Clinical Head.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital and community based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Spinal Rehabilitation Services
<b>RUN RECOGNITION:</b>	MCNZ accreditation
<b>RUN PERIOD:</b>	3 months

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>At appropriate times the Registrar may delegate to the House Officer duties to ensure that all inpatients are reviewed and discussed with the consultant, the interdisciplinary team, including nursing staff, and seen throughout the week as required.</li> <li>The House Officer is also expected to perform an independent weekly ward round along with the Registrar at the Spinal Unit and report back to the Consultant for advice.</li> <li>The House Officer is responsible for admitting patients to the Spinal Unit with review by the registrar.</li> <li>The Medical portions of the Electronic Discharge Summary is to be completed by the House Officer with assistance by the Registrar, as needed.</li> <li>Clinical skills, judgement, knowledge and a holistic patient – centred, patient goals approach to rehabilitation are expected to improve during the attachment.</li> <li>Minor surgical procedures as well as injection techniques may be performed under consultant supervision as indicated.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>The House Officer and Registrar are responsible for timely completion of the electronic discharge summary on discharge or death of each patient, recording principal and secondary diagnoses and treatment and procedures performed.</li> <li>Every new admission to Spinal Rehab Services will have the resuscitation status clearly documented and signed by the registrar on the appropriate forms in accordance with clinical board policy. When unsure the case will be discussed with</li> </ul>

Area	Responsibilities
	<p>the supervising consultant.</p> <ul style="list-style-type: none"> <li>• House Officers will 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 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.”</li> </ol> </li> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or, if after hours the Duty Manager directly as well as the Consultant to which the House Officer is clinically responsible.</li> <li>• As a House Officer working at CMH you will be provided with a Concerto login and CMH 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

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>a.m.</b>	08:00-09:00 Medical Handover  09:00 – 12:00 ASRU Consultant Wd Rd  (House Officer may attend or will manage ward concerns, admissions, discharges, etc.)	08:00-09:00 Medical Handover  9:00 – 12:00 Ward reviews, admissions, discharges, pt/staff concerns  11:00 – 12:30 Registrar OPC: House officer manages ward, Admissions, Discharges	08:00-09:00 Medical Handover  8:30 – 12:00  IP referral meeting  ASRU IDT / case conference mtg	08:00-09:00 Medical Handover  11:30 – 13:00 Registrar OPC: House officer manages ward, Admissions, Discharges	08:00-09:00 Medical Handover  09:00 – 11:30 Ward Round shared by Reg and HO  (Occasional Admissions & Discharges)
<b>p.m.</b>	13:00 – 14:30 ASRU Consultant Wd Rd  (House Officer may attend or will manage ward concerns, admissions, discharges, etc.)  Admissions, Discharges, Update Handover	12:30-16:00 Consultant OPC Registrar & House officer manage ward, admissions, discharges  Update Handover	13:00-16:00 Referrals: Consultant and Registrar may be away or reviewing referrals by teleconference. House Officer manages ward, admissions, discharges. Update Handover	*12.15 – 13:30 Medical Grand Rounds* MMH *14:00 – 16:30 Registrar Self-Directed learning*: House officer covers ward  Update Handover	13:30 – 15:00 Ward Round shared by Reg and HO  Weekend sign out  *15:30 – 16:30 Additional Rehab Registrar weekly teaching: HO covers the ward Update Handover

Note: dates and times for the sessions above may change. Not scheduled are family conferences or goal setting meetings (3-4 per week at 1h each meeting), and referrals (3-6 per week at 1-1 1/2 h each referral, travel time not included). Patients may be seen at MMH, ACH, NSH, and occasionally other outside hospitals. Referrals, family conferences and goal setting meetings are attended by the registrar with ward coverage by the House Officer.

Admissions are generally done by the House Officer. (1-4 admissions per week at 1 1/2 - 2h each and 1-4 discharges per week at 1/2 – 1h each. Discharges are done by the medical team, primarily by the House Officer and registrar with consultant input and review. Initial input into the electronic discharge summary (EDS) including background and primary and secondary diagnoses, is expected to be done immediately after the admission document is completed to ensure adequate information accompanies the patient if the need for transfer back to the acute hospital is required.

House Officers may participate in family conferences, patient goal setting meetings and registrar teaching as desired and as able. House officers are on first call for the ward during daytime work hours and during rehabilitation registrar teaching time and OPC. Consultant may take first call during teaching if House Officer would like to join the teaching and if agreed upon prior to teaching session.

**“\*\*” indicates structured teaching sessions.**

AFRM = Australasian Faculty of Rehabilitation Medicine

Other teaching is available depending on the sub-speciality and interest. Please refer to Southnet for days and times.

<i>Education</i>
<p>The House Officer is expected to actively participate in in-service and patient education programmes at the Spinal Rehabilitation Unit. If these are held after hours due reimbursement will be given on par with the RMO's collective contract.</p> <p>The House Officer will be encouraged and supported to attend formal training sessions of the AFRM held in Auckland as available and when prior arrangement for ward cover has been discussed with the attending consultant.</p>
<i>Research</i>
<p>A research project or document audit may be undertaken during the attachment subject to approval by the Clinical Head of Rehabilitation.</p>

### **Section 3: Roster**

<i>Roster</i>
<p>The normal hours of work are from 0800 to 1630, Monday to Friday.</p> <p>The House Officer is not included in the ASRU call or in the Middlemore Hospital call roster. .</p>

### **Section 4: Cover**

<i>Other Resident and Specialist Cover</i>
<p>Leave cover is arranged on a "first come first served" basis and applications for annual leave/study leave should be submitted as early as possible. Cover for annual leave will be negotiated prior to leave being approved. Sick absence is covered within the Department.</p>

## Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p><i>The House Officer will;</i></p> <ul style="list-style-type: none"> <li>• At the outset of the run, meet with their designated consultant to discuss goals and expectations for the run, review and assessment times.</li> <li>• Ensure a mid run assessment is completed after discussion between the House Officer and the consultant responsible for them;</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li> <li>• Sight and sign the final assessment report provided by the service.</li> </ul>	<p><i>The Service will provide;</i></p> <ul style="list-style-type: none"> <li>• An initial meeting between the Consultant and House Officer to discuss goals and expectations for the run, review and assessment times.</li> <li>• An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the Registrar and the Consultant responsible for them;</li> <li>• The opportunity to discuss any deficiencies identified during the attachment. The Consultant 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;</li> <li>• A 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.</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service and RMO Support will be responsible for the preparation of any rosters.
All other unrostered hours	2.5	
Total hours per week	42.5	

**Salary:** The salary for this attachment will be as detailed in an **F** Run Category.