

RUN DESCRIPTION

POSITION:	House Officer – Haematology
DEPARTMENT:	Haematology/General Medicine
PLACE OF WORK:	Waitemata District Health Board – North Shore Hospital
RESPONSIBLE TO:	Clinical Director Medicine, Clinical Director Haematology, Manager Medical Services.
FUNCTIONAL RELATIONSHIPS:	Consultants and registrars in the Haematology and Medicine services. Clinical Nurse Specialists in Malignant Haematology and Thrombosis; Haematology Coordinators; Haematology Day Stay Nursing Staff, Others as required.
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Haematology/General Medicine service.
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
RUN PERIOD:	13 - 14 weeks

Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<p>Responsible for the clinical assessment, investigation, diagnosis and treatment of patients admitted to the Haematology service under the direction of the Haematology Clinical Registrar and Specialist Consultant.</p> <ul style="list-style-type: none"> To supervise the safe and efficient management of in-patients under the care of the haematology service, with the supervision of the Haematology Clinical Registrar and Consultant Haematologist. To receive enquires from hospital staff with regard to in-patients with haematology problems and review such patients as required, under the supervision of the Haematology Clinical Registrar and Consultant Haematologist. To review patients admitted to the Haematology Day Stay Unit as requested by medical or nursing staff. To review out patients on an urgent and semi-urgent basis as required in the Haematology Day Stay unit or the Haematology Clinic rooms under the supervision of the Haematology Clinical Registrar and Consultant Haematologist. To manage patients undergoing chemotherapy, perform bone marrow biopsies, lumbar punctures and other diagnostic investigations as may be required; assist the coagulation nurse in the management of patients with thrombotic disorders. To participate in research projects within the department of haematology. Any other duties that may be required in the interest of the department, such as

<i>Area</i>	<i>Responsibilities</i>
	organising clinics, and lunchtime presentations.
Administration	<ul style="list-style-type: none"> • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol 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, they must ensure the necessary information is communicated and discussed.” 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.” • 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 registrar is clinically responsible in the absent duty • As an RMO working at WDHB you will be provided with a Concerto login and WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Time	<p>The House Officer will attend weekly (unless attendance is required for an emergency) the:</p> <ul style="list-style-type: none"> • Chemotherapy Meeting 0800 - 0930 Tuesday. • Grand Round NSH Tuesday 1230 – 1330. • Radiology Review meeting 1500 on each Wednesday • Attend the weekly lymphoma MDM via video conference 1300 each Monday as required • Attend the weekly Blood Club at 12.30 each Wednesday for appropriate presentations • To attend peer review and educational meetings as directed by the senior medical staff. <p>Note: dates and times for the sessions above may change.</p>

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>There is one Haematology House Officer and one Registrar. 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 9 relievers/night relievers in summer and 10 relievers/night relievers in winter.</p> <p>When on duty after hours, the Haematology/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&R teams and wards. Therefore on duty house officer during evenings, nights and weekends provides ward cover for Medical and AT&R patients and any Medical Outliers. The House Officers 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> <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>08:00 - 16:00 Monday to Friday ordinary hours 08:00 - 22:30 Weekday long day 08:00 - 22:30 Saturday/Sunday long day 08:00 - 16:00 Saturday/Sunday short day 08:00 - 16:00 Haematology Post Acute Saturday – approx. 4 in 13 weeks 22:00 - 08:00 Night shift</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> <p>During an after-hours shift, the participants on this run will contribute to an after-hours team. The House Officers 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"> • 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 • After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor 	<p>The service will ensure:</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 one on one teaching time; • 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; • The opportunity to discuss any deficiencies identified during the attachment. The Clinical

<i>House Officer</i>	<i>Service</i>
	<p>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;</p> <ul style="list-style-type: none"> • 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 6: Hours and Salary Category

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

<i>Average Working Hours – SToNZ Run Category (RDO's are observed)</i>		<i>Service Commitments</i>
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-0.82	
Rostered Additional	17.18	
All other unrostered Hours	3.07	
Total Hours	59.43	

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

Where no weekday RDOs are observed, the following run category will apply:

<i>Average Working Hours - SToNZ Run Category (not observing RDO's)</i>		<i>Service Commitments</i>
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours	17.18	
All other unrostered hours	3.07	
Total Hours	60.25	

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