



**AUCKLAND**  
DISTRICT HEALTH BOARD  
*Te Toka Tumai*

## RUN DESCRIPTION

<b>POSITION:</b>	<b>HOUSE OFFICER</b>
<b>DEPARTMENT:</b>	Cardiothoracic Surgical Unit (CTSU)
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Manager, Cardiac Services through a nominated Registrar and Specialist Surgeon.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the CTSU Service.
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
<b>RUN PERIOD:</b>	3 months

### Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"><li>• Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level;</li><li>• Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar or Consultant, also organise relevant investigations, ensure the results are followed up, sighted and electronically signed;</li><li>• Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends);</li><li>• Maintain a high standard of communication with patients, patients' families and staff;</li><li>• Inform registrars/consultants of the status of patients especially if there is an unexpected event;</li><li>• Liaise with other staff members, departments, and General Practitioners in the management of in-patients;</li></ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>Communicate with patients and (as appropriate) their families about patients' illness and treatment</li> <li>Prepare required paperwork on Friday prior to known or likely weekend discharges.</li> <li>Attend handover, Team and departmental meetings as required.</li> </ul>
<b>Other Duties</b>	<ul style="list-style-type: none"> <li>Attend the operating room as required by the Registrar and/or Consultant</li> </ul>
<b>Acute admitting</b>	<ul style="list-style-type: none"> <li>Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant;</li> <li>Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams or services as per the attached roster.</li> </ul>
<b>On-Duty</b>	<ul style="list-style-type: none"> <li>When On Duty, be at the recognised workplace for the purpose of carrying out house officer duties.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>Be responsible for the accuracy and completeness of reports, patient notes and other official documentation written by the house officer. Ensure legible notes are written in patient charts at all times. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</li> <li>Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required;</li> <li>At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> <li>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li><i>"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."</i></li> <li><i>"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."</i></li> </ol> </li> </ul>

## Section 2: Training and Education

Area	House Officer Responsibility	Service Responsibility
<b>General</b>	<p>Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare professionals in training assigned to their team;</p> <p>May be requested to teach other health care workers.</p> <p>Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc.</p>	<p>Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400 to 1700, and for their locators to be held on their respective home wards or by CETU during this time;</p>
<b>Service specific</b>	The House Officer will attend the following	

Area	House Officer Responsibility	Service Responsibility
	<ul style="list-style-type: none"> <li>i. 6 hours of teaching specifically for House Officers early in the run. Diagnosis and treatment of common cardiac conditions will be discussed.</li> <li>ii. 2-3 weeks exposure to operating theatres with the opportunity for one to one teaching, plus Intensive Care exposures with supervision by Registrar or Consultant</li> <li>iii. Consultant ward rounds</li> <li>iv. Clinical meetings including the Cardiology conference and Cardiosurgical conference</li> </ul>	

### Section 3: Roster

#### Hours Of Work

Ordinary Hours	Monday to Friday	0730hrs to 1600hrs.
Acute Call Long Day	Monday to Sunday	0730hrs to 2200hrs
Ward call duty	Saturday	0800hrs to 1600hrs
Ward call duty	Sunday	1400hrs to 2200hrs
Night duty	Monday to Sunday	2145hrs to 0745hrs

There are 8 House Officers working on the CTSU House Officer roster

Each House Officer will work a minimum of three periods of night duties across the run.

### Section 4: Cover:

#### *Other Resident and Specialist Cover*

The CTSU House Officers will cover CTSU and Cardiology on when rostered on a night duty between the hours of 2145 and 0745

House Officers will be assigned a home team and supervisor, however are allocated to the service as a whole, with workload reviewed daily and shared across the House Officer positions.

## 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 goals and expectations for the run, review and assessment times, and teaching.</li> <li>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.</li> </ul>	<p>The service will provide,</p> <ul style="list-style-type: none"> <li>An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run, review and assessment times, and teaching.</li> <li>An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor.</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 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> <li>For PGY1 and PGY2 House Officers, end of run meetings and assessments will be documented electronically via e-port. 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

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:

- 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
- There are week day RDOs as part of the roster

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

Average Working Hours - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours (Mon-Fri)	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-4.00	
Rostered Additional (inc. nights, weekends & long days)	19.81	
All other unrostered Hours	1.57	
<b>Total Hours</b>	<b>57.38</b>	

**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</i> (RDO's are worked)		Service Commitments
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional (inc. nights, weekends & long days)	19.81	
All other unrostered hours	1.57	
<b>Total Hours</b>	<b>61.38</b>	

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