

# **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer - Home & Older Adults' Service (OAHH)
<b>DEPARTMENT:</b>	Assessment, Treatment and Rehabilitation Inpatient Service (AT&R)
<b>PLACE OF WORK:</b>	Waitakere 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 care of patients under the care of Older Adults and Home Health Service (OAHH)
<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>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) (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, Waitakere 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 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 significantly 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 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 Duty Manager directly as well as the Consultant to which the registrar 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</li> </ul>

<i>Nature</i>	<i>Details</i>
	<p>responsibility for a presentation. (Fridays, one hour).</p> <ul style="list-style-type: none"> <li>• Obtain supervised teaching from the ward consultant, registrar and ward pharmacist.</li> <li>• Attend the Unit's Morbidity and Mortality meetings.</li> <li>• Grand Round, 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> <p>(Note: as some teaching sessions occur at North Shore, "attendance" may take the form of participation via videoconference)</p>

### Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>There are 3 House Officers and 2 Registrars employed in the AT&amp;R West Unit. There will usually be one House Officer and one Registrar working with a specialist Geriatrician on each team. House Officers contribute to a combined roster involving 10 general medical house officers, 3 OAHH house officers, 1 cardiology house officer, 1 ADCU house officer and 8 relievers/night rotators. When on duty after hours, the 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 home and older adult service (OAHH) teams and wards. These House Officers will work generically across General Medicine and Medical Specialties over this time, however, the house officer will work in their designated service wherever possible.</p> <p>The acute call house surgeon during nights, long days and weekends provides ward cover and admitting support for Medical and OAHH patients and any Medical Outliers.</p> <p>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 0830 and 1200. House Officers will not be expected to take ward calls during this time.</p>

### Section 4: Roster

<i>Hours of Work</i>
<p><u>Ordinary hours of work</u></p> <p><b>08:00 - 16:00</b> Monday to Friday Ordinary hours  <b>08:00 - 22:30</b> Long Day Ward Calls and admitting  <b>22:00 - 08:00</b> Weekend Nights (Friday - Sunday)  <b>08:00 - 16:00</b> Weekend day (Saturday)  <b>08:00 - 22:30</b> Weekend day (Sunday)</p> <ul style="list-style-type: none"> <li>• The House Officer will work 1:5 sets of weekend nights (Friday – Sunday).</li> <li>• The House Officer will work 1-2 long days per week.</li> <li>• The House Officer will work 1:5 weekend days (Saturday and Sunday).</li> </ul>

## 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

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	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-3.20	
Rostered Additional	16.33	
All other unrostered Hours	3.84	
<b>Total Hours</b>	<b>56.97</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 (not observing RDO's)</i>		<i>Service Commitments</i>
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	16.33	
All other unrostered hours	3.84	
<b>Total Hours</b>	<b>60.17</b>	

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