

# RUN DESCRIPTION

<b>POSITION:</b>	<b>HOUSE OFFICER</b>
<b>DEPARTMENT:</b>	Renal
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Service Clinical Director of Renal Services through a nominated Consultant/Physician.
<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 Renal Service. After hours this includes the facilitation of the management of patients under the auspices of the after hours team (General Medicine, Medical Specialties, Older People's Health and Mental Health Services).
<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 signed;</li> <li>Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis on weekdays;</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</li> </ul>

Area	Responsibilities
	<p>event;</p> <ul style="list-style-type: none"> <li>• Liaise with other staff members, departments, and General Practitioners in the management of in-patients;</li> <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> <li>• Unless required for a medical emergency, the House Officer will attend the following <ul style="list-style-type: none"> <li>○ Medical Science lecture and Physicians Grand Round</li> <li>○ Renal Teaching Thursday morning for one hour</li> <li>○ Optional attendance of Biopsy review session monthly on 3<sup>rd</sup> Tuesday afternoon at 2pm.</li> <li>○ Journal Club Tuesday 1200 to 1300</li> <li>○ Attendance at one nephrology OP clinic during the run.</li> </ul> </li> <li>• Between the hours of 2200 - 0800 an "after hours team" is in operation. During this period of time House Officers work generically across General Medicine, Medical Specialties, Older People's Health and Mental Health Services on a "first past the post system".</li> </ul> <p>NB – Where 'team' is used in the run description, this applies to the team to which you are rostered for the run as well as any team to which you are assigned for after hours duties.</p>
<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, services or after hours team 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>1. <i>"The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the</i></li> </ol> </li> </ul>

Area	Responsibilities
	<p><i>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></p> <p>2. <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></p>

## Section 2: Training and Education

Area	House Officer Responsibility	Service Responsibility
<b>General</b>	<ul style="list-style-type: none"> <li>Through example and supervision, actively contribute to service teaching and development sessions through presentations and case reviews as requested.</li> <li>Advise their consultant/s of other clinical teaching times e.g. Clinical Skills Courses etc.</li> </ul>	<ul style="list-style-type: none"> <li>Provide every opportunity for the House Officers to attend the Journal Club each Tuesday from 1200 - 1300, and Renal teaching which runs for 1 hour on Thursday morning, and for their locators to be held on their respective home wards or by CETU during this time</li> </ul>

## Section 3: Cover:

- There are 2 House Officers on this run
- The House Officers will work rostered duty hours as in the attached roster.
- The House Officers will work three or more periods of nights during the run.

<i>Other Resident and Specialist Cover</i>
<p>The Renal House Officer will combine with Haematology, Respiratory, Oncology and Gastroenterology House Officers to provide cover for the medical specialty services outside the hours of 0800 – 1600 Monday to Friday</p> <p>Between the hours of 2200-0800 the on duty acute call house officer will work as a member of the after hours team, covering General Medicine, Medical Specialties and Mental Health (this includes the Te Whetu Tawera and Fraser MacDonald units) in accordance with the attached roster.</p>

## Section 4: 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.</li> </ul>

## Section 5: 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:

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	-1.60	
Rostered Additional (inc. nights, weekends & long days)	13.15	
All other unrostered Hours	6.8	
<b>Total Hours</b>	<b>58.35</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:

Average Working Hours - SToNZ Run Category (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)	13.15	
All other unrostered hours	6.8	
<b>Total Hours</b>	<b>59.95</b>	

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