

RUN DESCRIPTION

| | |
|---------------------------------|---|
| POSITION: | House Officer - Obstetrics & Gynaecology |
| DEPARTMENT: | Obstetrics & Gynaecology |
| PLACE OF WORK: | Auckland City Hospital |
| RESPONSIBLE TO: | Service Clinical Director and General Manager of National Women's Health, through a nominated Consultant. |
| FUNCTIONAL RELATIONSHIPS | Healthcare consumer, Hospital and community based healthcare workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the National Women's Health Service. |
| RUN RECOGNITION: | This clinical attachment is accredited by New Zealand Medical Council for prevocational training. |
| RUN PERIOD: | 3 months |

Section 1: House Officer's Responsibilities

| <i>Area</i> | <i>Responsibilities</i> |
|-------------|---|
| General | <ul style="list-style-type: none"> The House Officer will function as an important part of a clinical team lead by a Team Leader. Clinical responsibility will be to the Senior Medical Officers of that team through the team's Registrars; as well as to those of other teams with which the House Officer may be rostered from time to time. The House Officer will attend acute and elective admissions to the department, construct a problem list and request basic investigations and discuss management plans with the Registrar/ Specialist Inpatients will be attended daily on week days and the House Officer will be available for ward rounds performed by the Consultant and/ or Registrar (unless detained by a clinical emergency). The House Officer will be available to attend patients at the request of the nursing or midwifery staff within the hours rostered The House Officer will ensure hand-over of any relevant patient problems to the On Call team House Officer at the change of duty. The House Officer will ensure handover of patients back to their original team. The House Officer will attend the Labour and Birth Unit and Women's Assessment Unit when rostered and admit patients and attend to any problems as requested by the Registrar and/ or Nursing and Midwifery staff and will be responsible for updating the Electronic Whiteboard for handover. |

| Area | Responsibilities |
|-----------------------|--|
| | <ul style="list-style-type: none"> <li data-bbox="402 117 1446 233">• The House Officer will attend outpatient Antenatal and Gynaecology Clinics as indicated by their Daily Schedules. (Promptly and for the duration thereof), to assess patient problems and initiate or review management plans and investigations in consultation with the Registrar/ Specialist. <li data-bbox="402 268 1446 384">• Gynaecological surgery patients will be seen in the Pre-admission Clinic. The House Officer will assist in Theatre when requested by the Registrar/ Specialist or when indicated by the Daily Schedule. The House Officer is expected to assist at all caesarean sections unless required urgently elsewhere in the service. |
| Administration | <ul style="list-style-type: none"> <li data-bbox="402 453 1446 506">• Legible notes will be written in patient charts in outpatient clinics, on admission, daily and whenever management changes are made <li data-bbox="402 516 1476 632">• The House Officer will complete an electronic discharge summary promptly for all gynaecology, antenatal and complicated postnatal patients before discharge. Patients will receive a copy of the clinical summary at discharge, ± prescription and/ or follow up appointment if required. <li data-bbox="402 642 1446 695">• A letter will be dictated to the patient's GP after each Gynaecological outpatient visit, and at any antenatal visit where there is a referral from an external practitioner. |

Section 2: Training and Education

| <i>Details</i> |
|--|
| <ul style="list-style-type: none"> <li data-bbox="181 919 1476 1035">• There will be a minimum of 2 hours of education per week including ward meetings, Departmental CME, Perinatal Mortality, and House Officer teaching, CTG Meetings. Diagnosis and treatment of common O&G problems will be discussed. House Officers are welcome to attend FRANZCOG teaching when their clinical duties allow. <li data-bbox="181 1045 1476 1098">• BFHI training must be completed by all health professionals working in Women's Health during the run, if not previously undertaken and up to date. <li data-bbox="181 1108 1175 1140">• Opportunities are available for research and audit if a House Officer is interested |

Section 3: Roster

| <i>Details</i> |
|--|
| <ul style="list-style-type: none"> <li data-bbox="181 1329 1484 1381">• The ordinary hours of work will be 8 hours per day between 0800 and 1600 Monday to Friday. Night duties run from 2200 to 0800. After hours long day duties run from 1600 to 2230. <li data-bbox="181 1392 1476 1444">• No more than two House Officers should be on leave at any time except in exceptional circumstances, as approved by the Women's Health Service Clinical Director and General Manager. <li data-bbox="181 1455 1068 1486">• Cover for annual leave will be negotiated prior to leave being approved. <li data-bbox="181 1497 1349 1549">• All requests for educational leave are subject to approval by the Service Clinical Director and to authorisation by the General Manager of Women's Health. <li data-bbox="181 1560 1403 1591">• Applications for education leave must be submitted well in advance to facilitate cover arrangements. |

Section 4: Cover:

| <i>Other Resident and Specialist Cover</i> |
|---|
| <ul style="list-style-type: none"> • There are 10 House Officers and 2 Senior House Officers employed on the roster, plus 2 relief positions. • During ordinary hours, there are 9 House Officers on Monday ,Tuesday and Thursday, 10 House officers on Wednesday and 8 House Officers on Friday contributing to the O&G roster. • Two registrars will be resident in the hospital at all times and two Consultants always available on call to attend if requested (in the hospital from 0800-1700 weekdays, and on call-back at all other times). • The Department employs two leave relievers to cover absence from work on planned leave. Annual leave cover is arranged on a 'first come first served' basis and applications for annual leave should be submitted as early as possible. Short-term sick absence is covered within the Department unless the reliever is available. • The main role of the reliever is to cover the duties of the House Officer taking planned leave. The reliever is also expected to cover Neonates |

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 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; 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:

| Average Working Hours - STONZ Run Category (RDO's are observed) | | Service Commitments |
|--|--------------|---|
| Ordinary Hours | 40.00 | The Service, together with the RMO Unit will be responsible for the preparation of any Rosters. |
| RDO Hours | -4.00 | |
| Rostered Additional | 17.41 | |
| All other unrostered Hours | 3.63 | |
| Total Hours | 57.04 | |

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 (not observing RDO's) | | Service Commitments |
|---|--------------|---|
| Ordinary Hours | 40.00 | The Service, together with the RMO Unit will be responsible for the preparation of any Rosters. |
| Rostered additional hours | 17.41 | |
| All other unrostered hours | 3.63 | |
| Total Hours | 61.04 | |

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