



COUNTIES
MANUKAU
HEALTH

RUN DESCRIPTION

POSITION:	House Officer (PGY2 or more)
DEPARTMENT:	Manukau Health Park/ Surgery Centre
PLACE OF WORK:	Counties Manukau District Health Board Home base – Manukau Super Clinic and Surgery Centre
RESPONSIBLE TO:	Orthopaedic Service Manager ORL House Officer - ORL Service Manager Surgical and Perioperative Care Division
FUNCTIONAL RELATIONSHIPS:	Patients of Counties Manukau DHB Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Surgical and Perioperative Care Division
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	13 – 14 weeks

Section 1: House Officer's Responsibilities

Area	Responsibilities
General	<p>There are two wards on the Manukau Surgery Centre site with a mix of sub specialties generally grouped as :</p> <ul style="list-style-type: none">• Orthopaedic Surgery and Plastic/Hands. (30 resourced beds). A wide range of inpatient and day stay orthopaedic elective surgery occurs some of which is hip and knee arthroplasty, joint revisions, foot/ankle, shoulder, orthopaedic oncology procedures and paediatrics. A small number of Plastics procedures requiring admission are performed at MSC including breast reconstructions.• General Surgery, ORL, Urology and Gynaecology (20 resourced beds). A specialist colorectal care centre with New

Area	Responsibilities
	<p>Zealand's only Enhanced Recovery After Surgery (ERAS) perioperative care plan in practice. This represents a unique learning opportunity. Surgical procedures include the full range of General Surgical elective operating procedures including Bowel cancer, Whipples and breast surgery including mastectomies as well as prostate and a range of stone and other urological surgery</p> <ul style="list-style-type: none"> • A 4 bedded Perioperative Care Unit (PCU) embedded within a ward is supported by on site Anaesthetic staff. <p>The RMO's will be the first points of contact for medical emergencies within all areas of the Manukau Surgery Centre and PCU but excluding pre-op, theatre and PACU.</p> <p>Volumes per floor flex up and down based on elective activity and fluctuations in patient numbers can result in merging of the two wards for short periods of times.</p> <p>The RMO's will attend ward rounds with consultants and registrars.</p> <ul style="list-style-type: none"> • ORL clinics <p>There are two House Officers allocated to ORL. These House Officers will cover ward responsibilities for ORL patients otherwise will be predominantly based in Module 3, Manukau SuperClinic and will contribute to the after hour roster for the whole of MSC on a 1:8 basis.</p> <p>Responsibilities include daily ward round of ORL inpatients in MSC1, MSC2 and PCU including documentation, follow up on investigations and discharge planning, ORL pre-admission clinics, ORL acute cover 0800 – 1600 hours including acute admissions, completing a basic examination and initiating and follow up on investigations as required, OME clinics under the supervision of the ORL registrar and theatre opportunities. There is also opportunity for minor outpatient procedures (abscess, foreign bodies etc) and attend theatre to observe/assist in surgery where possible, but the ORL outpatient and ward obligations will be the first priority.</p> <ul style="list-style-type: none"> • Orthopaedic pre admission clinics <p>Assistance with daily preadmission clinics in orthopaedics will be required to compliment the MMH HO attending as volumes require it.</p>

Section 2: Training and Education

Details

Support

- Orthopaedics will provide support Mon-Fri with a nominated Registrar who will visit the ward to discuss orthopaedic patient management plans.
- An orthopaedic SMO will provide support and teaching as part of the Clinical Supervision role.
- Orthopaedics have a Consultant roster for Saturday MSC ward rounds.
- Surgical Consultants from all sub specialities teams will be reviewing patients with frequency based on elective and clinic activities on the MSC site with the expectation that a consultant review patients on a daily basis while in the PCU.
- Each Surgical Consultant or their team Registrar will be in direct contact with the house officers with respect to patient management and clinical support. In addition, the house officers will have emergency support by an intensivist/anaesthetist, or the on-site Manukau Anaesthetic Registrar.
- There is a video-conferencing facility to enable departmental meetings to be held across the two sites (MMH & MSC). This should be available for clinical and audit meetings as well as for educational sessions where required (see also below)

Teaching

- There is an expectation of engagement in a research activity guided by the Orthopaedic dept.
- Orthopaedic SHO's are expected to attend the MMH Monday weekly clinical meeting 0800 – 0900 hrs. Arrangements for cover to allow this will occur from within the MSC team.
- General Surgery SHO's will have an opportunity to attend the MMH Thursday clinical meeting.
- Due to the number of RMO's in the MSC team, they can participate in theatre and in the monthly half-day theatre staff training seminars, and will be encouraged to do so.
- Regular exposure to clinical and surgical teaching is a feature of the ORL run. In addition the surgical education "Anaesthetic Education Days" days will involve M&M meetings and clinical seminars. The ORL SHO is expected to present one case-report or clinical review during the 6 month attachment, and encouraged to embark on a research project.
- Regional teaching sessions may be joined by video-conference if appropriate arrangements are made.

Section 3: Roster

Roster	
<p>There are eight House Officers at MSC, who manage the perioperative care of elective surgical, arranged acute patients and interim care patient's. These eight House Officers will consist of:</p> <ul style="list-style-type: none">3 Orthopaedics/HDU MSC House officers3 General Surgery/HDU MSC House Officers2 ORL/MSc House Officer	
<p>The Ordinary house of work will be 8 hours per day between 08:00 and 16:00 Monday to Friday</p> <p>There is a consistent workload Monday to Friday (ordinary hours) for 2 House Officers in Orthopaedics, 2 House Officers in General Surgery and 1 House Officer ORL and daily staffing numbers will be maintained at this level. Only where numbers fall below that level will cover or additional remuneration be provided.</p> <p>After hours are shared equally at a frequency of 1:8 over the run.</p>	
Hours of Work	
Weekdays	
Ordinary hours	0800 - 1600
Long day	0800 – 2230
Weekends	
Long day	0800 – 2230
Ward round	0800 – 1600
Nights	
Nights	2200 - 0800

Section 4: Cover

Other Resident and Specialist Cover
<p>Absence from work due to annual leave or sickness will be covered by other medical staff within the Department. Application for annual leave or medical education leave should be submitted as early as possible (at least two weeks in advance) in order that appropriate arrangements for cover may be made.</p>

Section 5: Performance appraisal

House Officer	Service
<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 goals and expectations for the run, review and assessment times, and teaching. • After an assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. 	<p>The service will provide:</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 teaching. • 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. • 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. • 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 PGY1 and PGY2 House Officers, 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		Service Commitments
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	- 3.0	
Rostered additional hours (inc. nights, weekends & long days)	18.25	
All other unrostered hours	3.3	
Total hours per week	58.55	

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

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

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	18.25	
All other unrostered hours	3.3	
Total hours per week	61.55	

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