

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	General Medicine, Medical Services.
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers. Hospital and community based health care workers.
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of inpatients under the care of Medical Services.
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> The House Officer will attend acute and elective admissions to the Department, write clear admitting notes, construct a problem list and request basic investigations. The House Officer will attend ward rounds when rostered on duty under the supervision of the team SMO and Registrar and will actively participate in the management of patients, following Consultant and Registrar advice. The House Officer is encouraged to perform at least one ward round per week on his/her own, reporting any concerns to the Registrar at the conclusion of the round. (This should occur at least when the Registrar attends a morning clinic.) The House Officer is expected to liaise with the other health professionals in the unit to ensure the required level of coordinated care to patients. This may include meeting each morning with the Charge Nurse of their unit. House Officers are expected to ensure their patients are safely and efficiently handed over. The House Officer will maintain a high standard of communication with patients, patients' families and staff. The House Officer will confer with other clinical team members regarding discharge planning and progress of patients. The House Officer will attend evening acute admitting and ward call duties according to the roster, approximately one evening per week. The House Officer will participate in the night cover roster (within limits for first year House Officers prescribed by the Medical Council). Clinical skills, judgement and knowledge are expected to improve during the attachment.

Area	Responsibilities
	<ul style="list-style-type: none"> • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, daily on weekdays, on Consultant ward rounds and whenever management changes are made. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • Appropriate laboratory tests will be requested and results sighted and signed, and reported to the Registrar and/or Consultant if abnormal. A list will be prepared for the Radiology Department 24 hours in advance of the weekly team x-ray conference. Referrals will be made at the Consultant's request to other specialists/units, clearly stating the problem to be addressed. House Officers will attend and present patients at the weekly ward meeting. • Discharge documentation should be completed prior to the patient being discharged. Patients will receive a copy of the comprehensive Electronic Discharge Summary (EDS), a prescription, and follow up appointment if required. Where early GP follow up is anticipated or the case is complicated the House Officer should ensure the GP is updated by telephone. • The House Officer may, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care. • The House Officer is expected to attend the Division of Medicine's weekly clinical meeting. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 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." 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." • If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or, if after hours, the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 – Medical Handover	0800 – Medical Handover 1145 – Radiology Conference	0800 – Medical Handover	0800 – Medical Handover 1145 – General Medicine Journal Club	0800 – Medical Handover
p.m.	1215 – SACS Lecture Series (every 4 th week) 1400 – House Officer Teaching			12.15 – Medical Grand Round	

Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to the intranet (Paanui) for days and times.

<i>Education</i>
There will be a minimum of 3 hours educational sessions per week including medical ward rounds and Monday afternoon teaching sessions. Occasionally, urgent medical commitments may interrupt these meetings.

Section 3: Roster

<i>Roster</i>
<p>SUMMER: (Quarter 1 and 2)</p> <ul style="list-style-type: none"> Up to 4 long days in 4 weeks Monday to Friday 0800-2230 1 in 4 weekends 1x 0800-2230, 1 x 0800-1600 Up to 14 nights in 13 weeks * 2200-0800 Monday to Friday 0800-1600 <p>During the summer roster there will be 2 House Officers rostered to night duty to cover for General Medicine, Medical Specialties, AT&R and Mental Health Services for Older People (Ward 35).</p> <p>WINTER: (Quarter 3 and 4)</p> <ul style="list-style-type: none"> Up to 4 long days in 4 weeks Monday to Friday 0800-2230 1 in 4 weekends 1x 0800-2230, 1 x 0800-1600 Up to 14 nights in 13 weeks * 2200-0800 Monday to Friday 0800-1600 <p>During the winter roster there will be 3 House Officers rostered to night duty to cover for General Medicine, Medical Specialties, AT&R and Mental Health Services for Older People (Ward 35).</p> <p>During an after hours shift, the participants on this run will contribute to an after hours team. The house officers will work generically across General Surgery, Orthopaedics, Plastic Surgery, General Medicine, Medical Specialties and Mental Health Services for Older People (Ward 35) over this time, however will work in their designated service wherever possible. House Officers will assist with admitting when ward duties are complete.</p> <p>*First year house surgeons (class 1 and 2 probationers) shall not do night shifts in first six months of employment, unless they have completed a general medical run in which circumstance they will not be rostered onto nights for the first three months of employment.</p>

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.</p>

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

<i>House Officer</i>	<i>Service</i>
	<p>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;</p> <ul style="list-style-type: none"> • 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

Summer Roster

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours (Mon-Fri) 40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days) 14.71	
All other unrostered hours 5.92	
Total hours per week 60.63	

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

Winter Roster

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours (Mon-Fri) 40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days) 16.47	
All other unrostered hours TBC	
Total hours per week 56.47	

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