

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Adult General Rehabilitation, ARHOP
<b>PLACE OF WORK:</b>	Adult General Rehabilitation Middlemore Hospital, Ward 23
<b>RESPONSIBLE TO:</b>	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital and community based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of inpatients under the care of Adult General Rehabilitation 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>Clinical Duties</b>	<ul style="list-style-type: none"> <li>The House Officer will attend acute and elective admissions to the Department, construct a problem list, complete MSQ sheet, and request basic investigations on admission (clinical indicator).</li> <li>Inpatients will be attended daily on weekdays and particular attention paid to problem list. The House Officer will admit, document clearly and manage medically all patients admitted into the ward under supervision of the named consultant. The House Officer will be responsible for attending ward rounds, arranging investigations, obtaining results, as well as the day to day medical care of the patients. The House Officer may also be expected to attend the multidisciplinary meetings (IDT), x-ray conferences and occasionally family meetings.</li> <li>The House Officer will attend ward rounds and will actively participate in the management of patients, following Consultant and Registrar advice, seeking assistance as appropriate. 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. House Officers are expected to ensure their patients are safely and efficiently handed over.</li> <li>The House Officer will maintain a high standard of communication with patients, patients' families and staff. The House Officer will confer at all times with other clinical team members regarding rehabilitation, discharge planning and progress of patients.</li> <li>During weekdays after 4 pm the House Officer is expected to perform ward calls on patients in AT&amp;R, Ward 1, and two Medical wards if on call in the evening with</li> </ul>

Area	Responsibilities
	<p>referral to the Subspecialty Registrar on site if required, with support from the on call Registrar and SMO. .</p> <ul style="list-style-type: none"> <li>• At weekends the House Officer will work with one of the two General Medicine Registrars on the Medical ward to admit both General Medicine and Subspecialty patients to other wards when rostered on call. The House Officer is also expected to perform ward calls on patients in the ward if on for General Medicine but across 3 wards if on call in the evening with the Subspecialty Registrar. Very rarely will patients be admitted to the Adult General Rehabilitation Ward after hours or weekends.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>• CMDHB Clinical policies are to be followed at all times.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Legible notes will be written in patient charts on admission, daily on weekdays and whenever management changes are made, in compliance with CMDHB documentation policy.</li> <li>• All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed with a clear contact number included</li> <li>• Appropriate laboratory tests will be requested and results sighted and electronically accepted on a daily basis. Abnormal results must be discussed with the Registrar and or Consultant. Referrals will be made at the Consultant's request to other specialists/units, clearly stating the problem to be addressed.</li> <li>• Discharge documentation should be completed prior to the patient being discharged. Patients will receive a copy of the comprehensive Electronic Discharge Summary (EDS), prescriptions, and follow up appointments (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.</li> <li>• The House Officer may, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care.</li> <li>• 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).</li> <li>• The house officer will obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul 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> </ul> </li> <li>• 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 (by phone) to which the house officer is clinically responsible.</li> <li>• As an RMO working at CMDHB you will be provided with a Clinical Portal login and CMH 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

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>a.m.</b>	08:15 Medical Handover Consultant Ward Rounds	08:15 Medical Handover Ward work, Admissions & Discharges	08:15 Medical Handover Ward work, Admissions & discharges	08:15 Medical Handover 09:00 – 12:00 Consultant Ward Rounds	08:15 08:30 X-Ray conference 9:30 Medical Handover
<b>p.m.</b>	13:00 – 14:30 IDT Ward work, Admissions & Discharges	13:00 – 14:00 – House Officer Teaching Ward work, Admissions & Discharges	12:00 AT&R Teaching Ward work, Admissions & discharges	12:15 – 13:30 Medical Grand Round Ward work, Admissions & Discharges	All day: HO and registrar rounds and prep for weekend handover

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. Occasionally, urgent medical commitments may interrupt these meetings.
<i>Research</i>
House Officers interested in audits and in research related to Rehabilitation Medicine may be supported to participate in existing research or identify a subject of interest after discussion with the consultant

## Section 3: Roster

### *Roster*

#### **Hours of Work**

SUMMER: (Quarter 1 and 2)

- 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

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).

WINTER: (Quarter 3 and 4)

- 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

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).

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.

\*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.

## Section 4: Cover

### *Other Resident and Specialist Cover*

A reliever to cover absence from work on planned annual leave as well as study leave may be available. Leave cover is arranged on a "first come first served" basis and applications for annual leave/study leave should be submitted as early as possible to provide the reliever reasonable notice of his/her roster. Cover for annual leave will be negotiated prior to leave being approved. Annual leave must be discussed and approved by the supervising consultant prior to other approvals.

Sick absence is covered within the Department unless a reliever is available.

MECA provisions about employee consent to cross cover apply.

## 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

### Summer Roster

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40</p> <p>Rostered additional hours (inc. nights, weekends &amp; long days) 11.06</p> <p>All other unrostered hours 5.85</p> <p>Total hours per week 56.91</p>	<p>The Service will be responsible for the preparation of any Rosters.</p>

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