

# RUN DESCRIPTION

<b>POSITION:</b>	Respiratory Blue Team House Officer
<b>DEPARTMENT:</b>	Respiratory / General Medicine, Medical Services.
<b>PLACE OF WORK:</b>	Counties Manukau District Health Board including Middlemore Hospital and other related sites.
<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 safe and effective management of inpatients under the care of Department of Medicine (and Respiratory Medicine subspecialty).
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
<b>RUN PERIOD:</b>	13 weeks

## 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 and request basic investigations.</li> <li>The House Officer will attend ward rounds and will actively participate in the management of patients, following Consultant and Registrar advice and when neither of these is available on site seeing patients and 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. 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.</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 discharge planning and progress of patients.</li> <li>The House Officer will work with Registrars to admit both General Medicine patients and Subspecialty patients (Respiratory) to the ward when rostered on call. The House Officer is also expected to perform ward calls on patients in their ward if on for General Medicine but across 3 wards if on call in the evening with the Subspecialty Registrar.</li> <li>Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>CMDHB Clinical Board policies are to be followed at all times.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• 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 documentation should comply with CMDHB Clinical Board documentation policy.</li> <li>• All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed.</li> <li>• 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.</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), 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.</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 is expected to attend the weekly Respiratory Academic programme. There is mandatory attendance at the Respiratory Morbidity and Mortality meetings occurring every 2 months in place of the Academic Programme (unless on urgent clinical duties)</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. "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> </ol> </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 to which the registrar is clinically responsible in the absent duty.</li> <li>• 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.</li> </ul>

## Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>a.m.</b>	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover	0800 – Medical Handover
<b>p.m.</b>			12.45 Pulmonary Physiology and Sleep Meeting	12.15 – Medical Grand Round or M&M meeting  1300 – Respiratory Radiology meeting  2.30 – Respiratory Academic programme or M&M meeting	

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

<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>
It is not anticipated that the House Officer will be involved directly in any research, but they may need to be involved in clinical documentation eg physical examinations on some patients who may be currently in clinical trials, or in clinical audit and other quality activities.

### Section 3: Roster

<i>Roster</i>
<p>SUMMER: (Quarter 1 and 2)</p> <ul style="list-style-type: none"><li>• 4 long days in 4 weeks Monday to Friday 0800-2230</li><li>• 1 in 4 Respiratory/General Medicine weekends 1x0800-1600. 1x 0800-2230</li><li>• Up to 14 nights in 13 weeks * 2200-0800</li><li>• Monday to Friday 0800-1600</li></ul> <p>During the summer roster there will be 2 House Officers rostered to night duty to cover for General Medicine, Medical Specialties, AT&amp;R and Mental Health Services for Older People (Ward 35).</p> <p>WINTER: (Quarter 3 and 4)</p> <ul style="list-style-type: none"><li>• 4 long days in 4 weeks Monday to Friday 0800-2230</li><li>• 1 in 4 Respiratory/General Medicine weekends 1x 0800-1600. 1x 0800 - 2230</li><li>• Up to 14 nights in 13 weeks * 2200-0800</li><li>• Monday to Friday 0800-1600</li></ul> <p>During the winter roster there will be 3 House Officers rostered to night duty to cover for General Medicine, Medical Specialties, AT&amp;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. A Respiratory Consultant is available 24/7.</p>

## 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

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	-3.81	
Rostered Additional (inc. nights, weekends & long days)	14.71	
All other unrostered Hours	5.93	
<b>Total Hours</b>	<b>56.83</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)	14.71	
All other unrostered hours	5.93	
<b>Total Hours</b>	<b>60.64</b>	

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

## Winter Roster

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	-3.81	
Rostered Additional (inc. nights, weekends & long days)	16.47	
All other unrostered Hours	5	
<b>Total Hours</b>	<b>57.66</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)	16.47	
All other unrostered hours	5	
<b>Total Hours</b>	<b>61.47</b>	

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