

## **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer – Medical Relief
<b>DEPARTMENT:</b>	General Medicine, Medical Services
<b>PLACE OF WORK:</b>	Waitakere Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director/Operations Manager, General Medicine and Medical Specialties
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the care of patients in the General Medicine service. To provide relief cover for House Officers working in the Medical Services
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by New Zealand Medical Council for prevocational training.
<b>RUN PERIOD:</b>	13 weeks

## Section 1: House Officer's Responsibilities

Area	Responsibilities
<b>Clinical Duties &amp; Work Schedule</b>	<ul style="list-style-type: none"> <li>• The House Officer reliever covers all the clinical and administrative duties of the House Officer they are relieving.</li> <li>• Under the supervision of the Consultant through the Registrar, the House Officer will facilitate safe and efficient management of patients under the care of the Medical Service.</li> <li>• All House Officers when rostered on duty shall attend Koromiko Room, ADU at 8am to receive handover from the night house officers. To attend 10pm handover/patient at risk (PAR) huddle on all relevant rostered days</li> <li>• To facilitate safe and efficient management of patients in the care of the Medical Service. This includes:             <ul style="list-style-type: none"> <li>- maintaining timely reviews of patients, particularly post diagnostic tests</li> <li>- documentation of comprehensive management plans</li> <li>- communication with relevant family, whanau and colleagues</li> <li>- liaison with other services as required inc. referrals</li> </ul> </li> <li>• Be responsible for the day to day management of patients as described in the following areas:             <ul style="list-style-type: none"> <li>- Admit, clerk and arrange basic investigation of acute and elective admissions within the framework of the acute roster.</li> <li>- Keep the Registrar informed of problems as they arise in the ward, or wherever else the House Officer may be caring for patients under their team's care.</li> <li>- Carry out with the Registrar a daily ward round during ordinary hours and a ward round with the Consultant at least twice a week. Arranging all tests arising from the rounds and following up the results on the same day.</li> <li>- Undertake weekend ward rounds when rostered on duty.</li> </ul> </li> <li>• Maintain an accurate and legible clinical record for each patient, including             <ul style="list-style-type: none"> <li>- History and examination record.</li> <li>- Clinical records must be updated as often as indicated by the patient's condition.</li> </ul> </li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>- An up to date problem plan and investigation sheet.</li> <li>- All entries recorded with the time and date, legible signature and contact detail. <ul style="list-style-type: none"> <li>• Keep the Registrar informed of problems as they arise in the ward, or wherever else the House Officer may be caring for patients under their team's care, especially where the patient is seriously ill or causing significant concern</li> </ul> </li> <li>- To co-ordinate patients care through liaison with other medical professionals within the ADU and other departments.</li> <li>- To provide supervision of any medical students or observers attached to the <del>medical wards</del> ADU</li> <li>- To participate in research projects and clinical audit within the department</li> <li>- Any other duties that may be required in the interests of the department, such as organizing and presenting educational presentations to medical colleagues and students.</li> <li>-</li> <li>- Assist in the review of all pathology, radiology and other diagnostic reports on a daily basis, notifying the registrar of significant results.</li> <li>- Consultants or Registrars where applicable shall be notified of admissions, significant changes in patients condition causing concern, and deaths as soon as practicable</li> <li>- Participate in the discharge process, providing electronic discharge summaries for each patient discharged at the time of their discharge or within 24 hours, ensuring that discharge medications have been correctly prescribed in consultation with the registrar.</li> <li>- Liaise with other staff members, departments, and General Practitioners in the management of the team's patients. Coordinate the care ensuring appropriate referrals are made and the medical management plan is implemented in consultation with the Registrar and the Consultant.</li> <li>- Communicate with the patients and their families about the patient's illness and treatment where appropriate.</li> <li>- Participate in weekend and rostered night call in the acute medical wards as per the agreed roster.</li> <li>- Chart bloods/iron infusions and manage acute clinical situations in day stay unit under the supervision of team medical registrar.</li> </ul>

<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</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 officer 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 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 WDHB you will be provided with a Clinical Portal login and a WDHB 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

<i>Nature</i>	<i>Details</i>
Protected Time	<p>Professional development of a House Officers skills and knowledge should occur during the run. All House Officers must attend their departmental meetings. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <ul style="list-style-type: none"> <li>• HO Teaching Programme- Thursday 1230 to 1430 hours, Conference Room 1, NSH and Kawakawa Room WTH (unless advertised otherwise). This is protected teaching time with the handing in of the pagers for monitoring by the Team Leader Medical Education Training Unit. Any urgent messages will be redirected to the team registrar.</li> <li>• Grand Round is Tuesday 12.30 – 13.30 via video conference from North Shore Hospital.</li> <li>• The Pathology Review as indicated on Team Timetable- nil Waitakere at this time.</li> <li>• The Radiology Review as indicated on Team Timetable- nil Waitakere at this time.</li> <li>• Journal Club – Friday 8.15am-8.30am (immediately after handover) – Koromiko Room, ADU</li> <li>• Case vignette presentations – Monday and Wednesday 8.15-8.30am (immediately after handover) – Koromiko Room, ADU</li> </ul>

### Section 3: Cover

#### *Other Resident and Specialist Cover*

House Officers contribute to a combined roster involving 12 general medical house officers, 3 OAHH house officers, 1 cardiology house officer, and 8 relievers/night rotators.

When on duty after hours, the medical house officer responds to requests by nursing staff and other medical staff to assess and treat patients under the care of all the general medical and home and Older Adult Health service (OAHH) teams and wards. These House Officers will work generically across General Medicine and Medical Specialties over this time, however, the house officer will work in their designated service wherever possible.

The acute call house officer during nights, long days and weekends provides ward cover for Medical and OAHH patients and any Medical Outliers.

When relieving you may be asked to relieve for General Medicine and Medical Specialties as directed by the RMO unit/service.

### Section 4: Roster

#### *Hours of Work*

##### Ordinary hours of work

<b>08:00 - 16:00</b>	Monday to Friday
<b>08:00 - 22:30</b>	Long day
<b>22:00 - 08:00</b>	Night Duty
<b>08:00 - 22:30</b>	Long Day Ward Calls
<b>08:00 - 22:30</b>	Weekend long day
<b>08:00 - 16:00</b>	Weekend Short Day

Each House Officer will work approximately 1:4 weeks in ADU; and approximately 3:4 weeks in the in-patient ward

## 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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	
Rostered additional hours (inc. nights, weekends & long days)	13.90	
All other unrostered hours	TBC	
Total hours per week	53.90	

**Comment [NP(1):** To be confirmed by a Run Review

**Salary:** The salary for this attachment is calculated as a Category C run, however will be remunerated at an A category as per clause 8.1.3 of the RMO MECA.

**Comment [NP(2):** To be confirmed by a Run Review