

RUN DESCRIPTION

POSITION:	House Officer – Medical Wards and Assessment and Diagnostic Unit (ADU)
DEPARTMENT:	General Medicine
PLACE OF WORK:	Waitakere Hospital
RESPONSIBLE TO:	Clinical Director/Operations Manager, General Medicine & Assigned Team Consultant
FUNCTIONAL RELATIONSHIPS:	Health care consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the care of patients in the General Medicine service
RUN RECOGNITION:	This clinical attachment is accredited by 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 & Work Schedule	<p>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.</p> <ul style="list-style-type: none"> • 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 • To be responsible for the assessment of patients admitted to Medical services, in line with the service time frames • To facilitate safe and efficient management of patients in the care of the Medical Service. This includes: <ul style="list-style-type: none"> - maintaining timely reviews of patients, particularly post diagnostic tests - documentation of comprehensive management plans - communication with relevant family, whanau and colleagues - liaison with other services as required inc. referrals • Be responsible for the day to day management of patients as described in the following areas: <ul style="list-style-type: none"> - Admit, clerk and arrange basic investigation of acute and elective admissions within the framework of the acute roster. - 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 - Carry out with the Consultant and Registrar a daily ward round during ordinary hours Arranging all tests arising from the rounds and following up the results on the same day. - Undertake weekend ward rounds when rostered on duty. • Maintain an accurate and legible clinical record for each patient, including <ul style="list-style-type: none"> - History and examination record. - Clinical records, both via e-notes (or handwritten as applicable) must be updated as often as indicated by the patient's condition. - An up to date problem plan and investigation sheet. - 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 • To co-ordinate patients care through liaison with other medical professionals within the ADU and other departments. • To provide supervision of any medical students or observers attached to the medical ward s or ADU • To participate in research projects and clinical audit within the department • 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.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> • All entries recorded with the time and date, name, contact details and legible signature (if handwritten). • Assist in the review of all pathology, radiology and other diagnostic reports on a daily basis, notifying the registrar of significant results. • Consultants or Registrars where applicable shall be notified of admissions, significant changes in patients condition causing concern, and deaths as soon as practicable • 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. • 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. • Communicate with the patients and their families about the patient's illness and treatment where appropriate. • Participate in weekend and rostered night call in the acute medical wards as per the agreed roster. • Chart bloods/iron infusions and manage acute clinical situations in day stay unit under the supervision of team medical registrar.
Administration	<ul style="list-style-type: none"> • 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; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • 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 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. • 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. • 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.

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"> • 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. • Grand Round is Tuesday 12.30 – 13.30 via video conference from North Shore Hospital. • The Pathology Review as indicated on Team Timetable- nil Waitakere at this time. • The Radiology Review as indicated on Team Timetable- nil Waitakere at this time. • Journal Club – Friday 8.15am-8.30am – Koromiko Room, ADU • Case vignette presentations – Monday and Wednesday 8.15-8.30am - Koromiko Room, ADU

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>House Officers contribute to a combined roster involving 12 general medical and ADU house officers, 3 OAHH house officers, 1 cardiology house officers, and 8 relievers/night rotators.</p> <p>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 service (OAHH) teams and wards. These House Officers will work generically across General Medicine and Medical Specialties over this time, however will work in their designated service wherever possible.</p> <p>The acute call house officer during nights, long days and weekends provides ward cover and admitting support for Medical and OAHH patients and any Medical Outliers.</p>

Section 4: Roster

<i>Hours of Work</i>
<p><u>Ordinary hours of work</u></p> <p>08:00 - 16:00 Ordinary hours of work (Monday to Friday) 08:00 - 22:30 Long day</p> <p>22:00 - 08:00 Night Duty 08:00 - 22:30 Ward Calls 08:00 - 22:30 Weekend long day 08:00 - 16:00 Weekend short day</p> <ul style="list-style-type: none"> • The House Officer will work a night duties with a maximum average frequency of 1:8 • The House Officer will work 1 - 2 long days per week (Monday – Friday) and average of 1:3.2 weekends which can include long and short days. • Each House Officer will work approximately 1:4 weeks in ADU; and approximately 3:4 weeks in the in-patient ward • House Officers will be assigned a home team and supervisor, however are allocated to the Medicine service as a whole, with workload reviewed daily and shared across the service.

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 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; • 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

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	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	- 4.54	
Rostered Additional	13.90	
All other unrostered Hours	1.38	
Total Hours	50.74	

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

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

Average Working Hours - SToNZ Run Category (not observing RDO's)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	13.90	
All other unrostered hours	1.38	
Total Hours	55.28	

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