

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Cardiology
PLACE OF WORK:	Waitemata District Health Board – North Shore Hospital
RESPONSIBLE TO:	Clinical Director of Cardiology, Cardiology Operations Manager
FUNCTIONAL RELATIONSHIPS:	Health Care Consumers, multidisciplinary healthcare team.
PRIMARY OBJECTIVE	To facilitate the management of patients in the care of the cardiology and medical services
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training
RUN PERIOD:	13 weeks

Section 1: 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 in the care of the cardiology service.</p> <ul style="list-style-type: none"> • All House Officers when rostered on duty shall attend the Emergency department at 08:00 hours to receive handover from the night house officers. • 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. - 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 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 must be updated as often as indicated by the patient's condition. • An up to date problem plan with the time and date and a legible signature. • Assist in the review of all pathology, radiology and other diagnostic reports on a

	<p>daily basis, notifying the registrar of significant results.</p> <ul style="list-style-type: none"> • Consultants or Registrars where applicable shall be notified of admissions, significant changes in patients condition causing some concern, and deaths as soon as practicable. • Participate in the discharge process, providing where possible within 24 hours electronic discharge summaries for each patient discharged, 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 the weekend and rostered night call in the acute medical wards as per the agreed roster.
<p>Administration</p>	<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 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 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 Officer's 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. • Practical Skills Training- Monday 1200-1400 hours, Seminar Room 1, Learning and Development, NSH (unless advertised otherwise). Consists of six different training modules run on a repeat cycle throughout the year. These modules have been designed to assist RMOs to maintain their skills in different ACLS procedures and practical skills. House Officers are expected to attend each module at least once during the training year. • Grand Round is Tuesday 1230-1330 hours at North Shore Hospital. • The Cardiology Meeting 1100 hours Friday. • Cardiology Journal Club 0815 Monday

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>There are two Cardiology teams. A minimum of one House Officer and a Registrar are attached to each consultant team. House Officers contribute to a combined roster involving 25 General Medicine House officers, 4 OAHH House Officers, 2 Cardiology House Officers, 5 ADU House Officers, 1 Haematology House Officer and 1 MHSOA House Officer. There are 8 relievers/night relievers in summer and 10 relievers/night relievers in winter.</p> <p>When on duty after hours, the Cardiology/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 AT&R teams and wards. Therefore on duty house officers during evenings, nights and weekends provide ward cover for Medical and AT&R patients and any Medical Outliers. The house officers will work generically across General Surgery, Urology, Orthopaedics, General Medicine and Medical Specialties over this time. They will however work in their designated service wherever possible.</p> <p>Ward 12 (Kingsley Mortimer unit) cover: Medically related concerns after hours – on call mental health house officer reviews first and then refers to the on call medical registrar, as required.</p> <p>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.</p>

Section 4: Roster

<i>Hours of Work</i>
<p><u>Ordinary Rostered Hours</u></p> <p>08:00 - 16:00 Monday to Friday ordinary hours 08:00 - 22:30 Weekday long day 08:00 - 1600 Saturday/Sunday short day 08:00 - 22:30 Sunday/Sunday long day 22:00 - 08:00 Night shift</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 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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic Hours	40.0	The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (including nights weekends & long days)	16.45	
Non rostered hours	4.39	
Total hours per week	60.84	

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