Run Description

POSITION:	House Officer

DEPARTMENT:	Otolaryngology Head and Neck Surgery

PLACE OF WORK:	Auckland City Hospital

RESPONSIBLE TO:	Manager Otorhinolaryngology Service through nominated Specialist Surgeon

FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers

PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Otorhinolaryngology Service.

RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.

RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

Area	Responsibilities
General	- Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level; - Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar, Fellow or Consultant, also organise relevant investigations, ensure the results are followed up, sighted, signed and electronically accepted; - Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends); - Maintain a high standard of communication with patients, patients' families and staff; - Inform registrars/consultants of the status of patients especially if there is an unexpected event; - Liase with other staff members, departments, and General Practitioners in the management of in-patients; - Communicate with patients and (as appropriate) their families about patients' illness and treatment. - Prepare required paperwork on or before the day of discharge and on Friday prior to known or likely weekend discharges. - Attend handover, Team and departmental meetings as required.

Area	Responsibilities
Other Duties	• Attend the operating room as required by the Registrar and/or Consultant.
Acute Call	• Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar, Fellow or Consultant; • Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams or services as per the attached roster.
On-Duty	• When On Duty, be at the recognised workplace for the purpose of carrying out House Officer duties.
Administration	• Be responsible for the accuracy and completeness of reports, patient notes and other official documentation written by the house officer. Ensure legible notes are written in patient charts at all times. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required; • 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: 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."

Section 2: Training and Education

Area	House Officer Responsibility	Service Responsibility
General	• Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare professionals in training assigned to their team; • May be requested to teach other health care workers. • Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc.	• Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400 to 1700, and for their locators to be held on their respective home wards or by CETU during this time;

Service specific	• Unless required for a medical emergency, the House Officer will attend the following:
	  1. Consultant ward rounds and clinical meetings.
	  2. Case conferences
	  3. Departmental Grand Rounds
	  4. Pathology and Radiology Conference
	  5. Morbidity and Mortality meetings
	  6. Departmental Audit meetings	

Area	House Officer Responsibility	Service Responsibility
	7. There will also be 6 hours of teaching specifically for House Officers early in the attachment. Diagnosis and treatment of common and active ENT disorders will be discussed.	

Section 3: Cover:

Other Resident and Specialist Cover
The 4 Otorhinolaryngology House Officers will combine with the 3 Neurosurgery House Officers and 2 Relief House Officers to cover acute calls for these services between the hours of 1600 to 0800, when rostered on a night, weekend or long day duty.

Section 4: Roster

Hours Of Work

Ordinary hours of work	Monday to Friday	0730hrs to 1600hrs
Acute Calls	Monday toFriday	0730hrs to 2230hrs
Acute Call	Saturday and Sunday	0730hrs to 2215hrs
Night	Monday to Sunday	2200hrs to 0800hrs

- The after hour duties will be rostered at the following frequencies
  - Weekday Long Days 1:9
  - Weekend Duties (LW) 1:9
  - Nights 1:4.5

The night frequency has been calculated to reflect the average of how often a set of nights will be worked per RMO on the roster. The House Officer will work two or more sets of night duties during the run.

Section 5: Performance appraisal

House Officer	*Service*
The House Officer will:	The service will ensure:
• 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.	• 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;
• After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.	• 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-

House Officer	Service
	port.

Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic hours (Mon-Fri)	40.00	The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	16.56	
All other unrostered hours (To be confirmed by run review)	TBC	
Total hours per week (excludes unrostered hours which will be confirmed following a run review)	56.56	

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