

RUN DESCRIPTION

POSITION:	House Officer - Neonates
DEPARTMENT:	Kidz First Neonatal Care
PLACE OF WORK:	Middlemore Hospital
RESPONSIBLE TO:	General Manager, Kidz First, through the Clinical Director/Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers. Hospital and community based health care workers.
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Neonatal Specialty.
RUN RECOGNITION:	This clinical attachment is accredited by New Zealand Medical Council for prevocational training
RUN PERIOD:	3 Months

Section 1: House Officer's Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> The neonatal house surgeon will assist in the care of neonates at Middlemore Hospital on the postnatal ward and the Neonatal Unit (NNU), and some neonates in Kidz First wards, in delivery suite, and in the caesarean section theatre. On each day time rostered day, the House surgeon will attend the daily consultant ward round on postnatal wards and be responsible for designated neonates in the postnatal wards. Depending on clinical need they may be asked to assist in the routine care of stable patients in the level 2 neonatal unit The house surgeon may be invited to assist 'at risk' deliveries (as defined in NNU/Obstetric guidelines) in delivery suite and the caesarean section theatre as notified or requested The house surgeon will liaise with other health care professionals as appropriate. House surgeons have a responsibility to provide support and advice to parents. The House Officer will ensure there is a detailed handover at any change of duties. Legible notes will be written in patient charts on ward rounds and whenever management changes are made. Most clinical records will be transcribed on to the Maternity Clinical Information System (MCIS-Badger). Training with respect to this system will be required On discharge, patients will receive an electronic summary and a prescription and follow-up appointment if required

	<ul style="list-style-type: none"> • Appropriate laboratory tests will be requested and results sighted, signed and actioned. • Clinical skills and judgement are expected to improve during the attachment. • Attend handover (morning and afternoon), team and departmental meetings as required • When rostered on duty, be at the recognised workplace to carry out assigned duties • Be responsible for record keeping, including patient notes and discharge letters and other documentation, written and maintained by the house officer. Ensure that notes are written legibly and signed, with a printed name and locator number
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Section 2: Training and Education

<i>Training and Education</i>
<p>The house officer will be expected to contribute to the training of allied medical staff.</p> <p>On-going education will be provided by Kidz First paediatricians and registrars.</p> <p>The house officer will have on average four hours each week to attend education sessions or follow up clinical cases in the library. The education sessions available for the house officer include:</p> <ul style="list-style-type: none"> • Paediatric Teaching - Kidz First Hospital. Wednesday, 2-4pm • X-ray Conference. • Paediatric Updates and Grand Round - Starship Children's Hospital. • Friday morning RMO Paediatric Teaching – Kidz First

Section 3: Roster

<i>Roster</i>
<p>There will one neonatal house surgeon employed on the Neonatal roster. The House Officer will be rostered to work from 0800 – 1600 Monday – Friday.</p> <p>Non clinical administration time of 30 minutes per day is included in routine hours.</p>

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<ul style="list-style-type: none"> • All leave is covered internally. • Absence from work due to sickness will be covered by other medical staff within the service. • A maximum of 10 days leave may usually be taken in each three month period, unless otherwise agreed

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 identifies 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 a 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 • 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>
<p>Basic hours (Mon-Fri) 40</p> <p>Rostered additional hours (incl. nights, weekends & long days) 0</p> <p>All other unrostered hours TBC To be confirmed by a run review</p> <p>Total hours per week 40 Total hours call below mid of the band therefore F category run to be paid until run review results are complete</p>	

Salary: The salary for this attachment will be as detailed in Category F