

## **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Surgical Services, ORL
<b>PLACE OF WORK:</b>	North Shore Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director /Operations Manager, ORL, WDHB
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health Care Consumers, Hospital & community based health care workers.
<b>PRIMARY OBJECTIVE:</b>	To facilitate safe and efficient management of patients under the care of Surgical 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>• Be responsible for the day to day management of ORL/General Surgical patients as described in the following areas: <ul style="list-style-type: none"> <li>○ Admit, clerk and arrange basic investigation of elective admissions within the framework of the elective roster (acute admissions).</li> </ul> </li> <li>• Daily Ward Round commencing 0815hr <ul style="list-style-type: none"> <li>○ Be available promptly to assess and investigate such patients.</li> <li>○ In the event of the pressure of other duties, notify the Registrar of this.</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 the team's care.</li> </ul> </li> <li>• Within the hours rostered, be available to attend patients under their care at the request of the nursing staff.</li> <li>• Participate in the discharge process, particularly communication with the General Practitioner.</li> <li>• Attend to clerical matters to do with the patients, such as screening laboratory and radiology reports; writing discharge summaries and death certificates.</li> <li>• Write progress notes on each patient daily, and at other appropriate times.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Arrange weekly ward X-ray meeting.</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 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.</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 a House Officer working at WDHB you will be provided with a Concerto 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

Nature	Details
<b>Protected Time</b>	<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 - Wednesday 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>• 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.             <ul style="list-style-type: none"> <li>• Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital.</li> <li>• The Radiology Review every 2<sup>nd</sup> Friday from 1.00pm to 1.30pm.</li> </ul> </li> </ul>

### Section 3: Roster

Monday to Friday 0730hrs to 1600hrs

House Officers will be assigned a home team and supervisor, however are allocated to the Surgical service as a whole, with workload reviewed daily and shared across the House Officer positions. In distributing the workload both patient safety and the safety and experience of the RMO will be considered, with the intent to smooth patient load and avoid excess work load for individuals.

### Section 4: Cover

- All leave will be covered internally within the department. Leave applications should be submitted as early as possible.
- Absence from work due to sickness will be covered by other medical staff within the service

### Section 5: Performance appraisal

House Officer	Service
<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 learning objectives and expectations for the run review and assessment times, and teaching.</li> <li>• After any assessment that identifies 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 teaching.</li> <li>• A mid-run meeting with an assessment report on the House Officer six (6) weeks into the run after a discussion between the House Officer and the Clinical Supervisor responsible.</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 attendance to discuss and implement a 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 House Officers, end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

### Section 6: Hours and Salary Category

Average Working Hours	Service Commitments
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<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	2.5	
All other unrostered hours to be confirmed by a run review	TBC	
Total hours per week	42.5	

**Salary:** The salary for this attachment is detailed as a Category E

Please note – total hours fall above the middle of the salary band therefore the run will be remunerated as an E run category until the unrostered hours can be confirmed by a run review.