

RUN DESCRIPTION

POSITION:	House Officer – ADU
DEPARTMENT:	Medicine
PLACE OF WORK:	Waitakere Hospital
RESPONSIBLE TO:	Clinical Lead/Operations Manager, General Medicine & Assigned Team Consultant
FUNCTIONAL RELATIONSHIPS:	Health care consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the care of acute general medical patients in ADCU, ED and Short Stay
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

<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 and 4pm 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.

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> <p>HO Teaching Programme – PGY1 Wednesdays 1230 to 1330 hours, Conference Room 1, NSH and Healthwest Bldg 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.</p> <p>Grand Round is Tuesday 12.30 – 13.30 via video conference from North Shore Hospital.</p>

Nature	Details
	<ul style="list-style-type: none"> • The Pathology Review as indicated on Team Timetable- nil Waitakere at this time. • The Radiology Review – fortnightly Thursdays 1230 – 1330. • Journal Club – Friday 8.10am-8.30am – Koromiko Room, ADU • Case vignette presentations – Tuesdays 8.10-8.20am – Koromiko Room, ADU

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>House Officers contribute to a combined roster involving 9 general medical and 3 ADU house officers, 3 OAHH house officers, 1 cardiology house officer, 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, Cardiology and Older Adults Health (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 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 1 - 2 long days per week (Monday – Friday) an average of 1:3.2 weekends which can include long and short days. • 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;

<i>House Officer</i>	<i>Service</i>
	<ul style="list-style-type: none"> • 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	40.00	The Service, together with NRA RMO Support will be responsible for the preparation of any rosters.
Rostered additional hours (inc. nights, weekends & long days)	13.90	
All other unrostered hours to be confirmed by a run review	TBC	
Total hours per week	53.90	

Salary: The salary for this attachment is currently remunerated at a Category C.

PLEASE NOTE: Total hours fall above the middle of the salary band therefore the run will be remunerated as a C run category until the unrostered hours can be confirmed by a run review.