

RUN DESCRIPTION

POSITION:	House Officer – Medical Relief/Quality Improvement
DEPARTMENT:	General Medicine
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director/Operations Manager, General Medicine and Medical Specialties
FUNCTIONAL RELATIONSHIPS:	Health care consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	<ul style="list-style-type: none"> To facilitate the care of patients in the General Medicine service. To provide cover for RDOs, the day duties of those on nights and leave for House Officers working in the Medical Service
RUN RECOGNITION:	This clinical attachment is accredited by 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 the ADU at 0800 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. 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 must be updated as often as indicated by the patient's condition. An up to date problem plan and investigation sheet.

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> - All entries recorded with the time and date, legible signature and contact detail • Assist in the review of all pathology, radiology and other diagnostic reports on a daily basis, notifying the registrar of significant results. • Consultants or Registrars where applicable shall be notified of admissions, significant changes in patients condition causing concern, and deaths as soon as practicable. • Participate in the discharge process, providing electronic discharge summaries for each patient discharged at the time of their discharge or within 24 hours, 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 weekend and rostered night call in the acute medical wards as per the agreed roster.
Administration	<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 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"> • 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

<i>Nature</i>	<i>Details</i>
	<p>Medical Education Training Unit. Any urgent messages will be redirected to the team registrar.</p> <ul style="list-style-type: none"> • Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital and video linked to WTK hospital • The Pathology Review as indicated on Team Timetable. • The Radiology Review as indicated on Team Timetable. • Journal Club on Thursdays 0800-0900 at North Shore Hospital. • The medical rotator positions will also have the opportunity to participate in Quality Improvement when rostered to do so. Further details on the Quality Improvement sessions are outlined at the end of the run description.

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>House Officers contribute to a combined roster involving 25 General Medicine House officers in summer and 27 General Medicine House Officers in winter, 4 OAHH House Officers, 2 Cardiology House Officers, 5 ADU House Officers, 1 Haematology House Officer and 1 MHSOA House Officer. There are 9 relievers/night relievers and 5 team cover/relievers</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 and AT&R teams and wards, including Ward 12. Therefore on duty house officer during evenings, nights and weekends provides ward cover for Medical and AT&R patients and any Medical Outliers including Ward 12. The House Officers will work generically across General Surgery, Urology, Orthopaedics, General Medicine and Medical Specialties over this time, however will 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. On call HO will be asked to review patients on ward 12 if they are medically unwell by the nursing staff.</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>	
<u>Ordinary Rostered Hours</u>	
<p>Summer Roster</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 Saturday/Sunday long day 22:00 - 08:00 Night shift</p>	<p>Winter Roster</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 Saturday/Sunday long day 22:00 - 08:00 Night shift</p>
<u>Quality Improvement</u>	
<p>House Officers will be allocated to a Quality Improvement shift approximately twice every three weeks and a Short Notice Relief shift on the other weeks. When rostered to QI the house officer will be engaged in quality improvement activities as supervised and guided by the WDHB METU and Director of Clinical Training in partnership. Quality Improvement will apply to house officers allocated to medical relief/ Quality Improvement positions only.</p>	

Section 5: Quality Improvement

Quality Improvement Position Description

The Quality Improvement experience is a quality improvement role incorporated into the medical reliever position. The role is supervised by the WDHB Director of Clinical Training and Medical and Education Unit (METU) with the goal of providing training in quality improvement (QI) processes through active participation in an improvement project at WDHB.

Purpose: The purpose of Quality Improvement is to expose house officers to quality improvement, research and other clinical governance activities whilst providing RMOs with the opportunity to lead a project. The aim is to broaden health systems knowledge and skills while simultaneously contributing to clinical quality with a focus on patient outcomes and experience.

Description: House Officers will be allocated to a Quality Improvement shift approximately twice every three weeks. The focus of these shifts is Quality Improvement, however, House Officers may be requested to cover short notice vacancies when necessary. Quality Improvement days will occur from 0800-1600 hrs on days as allocated in the roster. During this time, the house officer will be engaged in broad Quality Improvement learning activities as supervised and guided by the Education fellow, WDHB METU and Director of Clinical Training in partnership.

Supervision during the programme will be provided by or a combination of the:

- WDHB medical education fellow
- Team leader – METU
- WDHB Director of Clinical Training

Regular meetings will occur between the house officer and a supervisor to help guide house officers in their chosen quality improvement projects and provide connections within WDHB for resources to help complete their project.

Expectations:

- Attendance at METU is required from 0800-1600 hrs on all Quality Improvement days as rostered (unless on approved leave or other valid reason)
- Completion of selected Institute for Healthcare Improvement (IHI) open school modules and other governance related learning opportunities as directed by METU and relevant to the programme.
- A written report of findings and outcomes of the quality improvement project due at the end of the quarter.
- A group presentation at grand round (or similar forum) to colleagues at the end of the quarter to present findings and outcomes.
- Engage in a formal review and feedback session at the end to improve the programme for future house officers.

Outcomes:

- **Written report:** Each house officer completing Quality Improvement is required to produce a written report as directed by METU. The report will include a description and outcomes of the house officer's chosen project along with self-reflection relating to leadership and Quality Improvement activities undertaken during the programme. One copy of the written report will be sent to the service to guide improvement in service provision. A second copy will be retained by the METU as a reference for future house officers completing the programme.
- **Grand round presentation:** During the last week of the programme, the house officer(s) completing the Quality Improvement programme that quarter will present a 20-30 min group presentation at grand round (or similar forum) summarising their quality improvement project findings and outcomes to colleagues.
- **Completion certificate:** Each house officer that completes the programme will be given a certificate or letter of commendation that can be used in their CV and registrar applications.

Quality Improvement Position Description

In addition to the Quality Improvement role above, the house officers may be given the opportunity to experience organisation and service level Quality Improvement and clinical governance activities, e.g. Clinical Governance Board meetings.

This work is aligned to the New Zealand Curriculum Framework for Medical Education

PGY2

By the end of PGY2, the core professional skills should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training.

Examples include:

- Exhibit the qualities of a good leader and take a leadership role when required
- New Zealand Triple Aim for quality improvement
 - Improved quality, safety and experience of care
 - Improved health and equity for all populations
 - Best value for public health system resources
- Participate in formalised education opportunities in relation to professionalism and ethics
- Participate in quality improvement
- Participate in research

(NZCF p. 18)

Section 6: 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 7: Hours and Salary Category

Summer Roster Hours (Q1 and Q4)

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours - SToNZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-3.20	
Rostered Additional	15.44	
All other unrostered Hours	2.49	
Total Hours	54.73	

Salary: The salary for this attachment is calculated as a Category D run, however will be remunerated at a B category as per clause 12.1.3 of the RMO SToNZ MECA.

Where no weekday RDOs are observed, the following run category will apply:

Average Working Hours - SToNZ Run Category (not observing RDO's)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours	15.44	
All other unrostered hours	2.49	
Total Hours	57.93	

Salary: The salary for this attachment is calculated as a Category C run, however will be remunerated at an A category as per clause 12.1.3 of the RMO SToNZ MECA.

Winter Roster Hours (Q2 and Q3)

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours - SToNZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-3.05	
Rostered Additional	14.70	
All other unrostered Hours	2.49	
Total Hours	54.14	

Salary: The salary for this attachment is calculated as a Category D run, however will be remunerated at a B category as per clause 12.1.3 of the RMO SToNZ MECA.

Where no weekday RDOs are observed, the following run category will apply:

Average Working Hours - SToNZ Run Category (not observing RDO's)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours	14.70	
All other unrostered hours	2.49	
Total Hours	57.19	

Salary: The salary for this attachment is calculated as a Category C run, however will be remunerated at an A category as per clause 12.1.3 of the RMO SToNZ MECA.