

# RUN DESCRIPTION

<b>POSITION:</b>	<b>House Officer</b>
<b>DEPARTMENT:</b>	Emergency Department Adult and Paediatric Assessment and fast track areas and Short Stay (ED)
<b>PLACE OF WORK:</b>	Middlemore Hospital
<b>RESPONSIBLE TO:</b>	Group Manager, Acute Care Services, through the Clinical Head, ED
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health Care Users (patients and relatives) Health Care Providers (hospital and community based)
<b>PRIMARY OBJECTIVE:</b>	To provide timely and effective emergency medical care for patients attending ED
<b>RUN RECOGNITION:</b>	Medical Council &/or College recognition
<b>RUN PERIOD:</b>	Three months

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<p><b>Clinical Duties:</b></p> <ul style="list-style-type: none"> <li>• The house officer will assess, investigate and undertake relevant further medical management of patients attending ED. . This includes effective and appropriate liaison with other health providers to optimise patient management.</li> <li>• A more experienced Emergency Medicine doctor (registrar, Fellow, MOSS or consultant) will be available for consultation at all times,</li> <li>• Routine duties are carried out in the Emergency Department.</li> <li>• Hours of duty are allocated according to a rostered shift system.</li> <li>• The H/Officer shall be responsible for the appropriate "handing-over" (transfer or management) of all patients under their care to a doctors on the next shift.</li> <li>• Clinical skills, judgement and relevant knowledge are expected to improve during the run.</li> <li>• The House officer is expected to take part in Clinical Audit/Quality Assurance programmes within ED.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Legible clinical notes will be written on the appropriate ED charts with regard to every consultation and stage of patient management. This must also</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<p>include the Doctor's name, time at which the patient was seen, time of discharge or referral and the disposition of the patient using the computer and entering electronic data.</p> <ul style="list-style-type: none"> <li>• The house officer will ensure that a copy of the clinical notes or discharge summary accompanies every patient on their discharge from the Department, and that relevant follow-up arrangements are made.</li> <li>• Where appropriate, the House Officer will provide a prescription for medication and/or relevant certificate regarding work fitness.</li> <li>• The house office is responsible for the completion of relevant ACC documentation.</li> <li>• All medical-legal administrative activities will be carried out in consultation with the Clinical Head.</li> </ul>

## Section 2: Training and Education

<i>Training and Education</i>
<ul style="list-style-type: none"> <li>• A weekly tutorial program provides formal house officer training/teaching in appropriate emergency patient management.</li> <li>• There is House Officer Specific CME program on Tuesdays between 12:00 – 13:00 in person and via Zoom. All HO rostered to day and/or midday shifts expected to attend and all others welcome 1 hour) each week (rostered “on” time) is specifically devoted to formal academic/teaching programmes for ED Resident medical staff</li> <li>•</li> <li>• Additional formal teaching opportunities available in ED on a weekly basis: 0800 Snap Teaching (Monday to Friday) and 0900 Simulations (Thursdays)</li> <li>• The Emergency Medicine consultants are contractually obliged to provide as much supervision and “on the spot” teaching as they can.</li> </ul>

### Section 3: Roster

<i>Roster</i>																	
<p>There are 14 house officers employed in ED. Duties are of a shift nature and are allocated according to a standard rotating shift pattern that includes two reliever weeks over the 13 week run. During this relieving week, the reliever works the set shifts for another ED house surgeon who has been granted leave. If no-one has requested leave within 14 days of the relieving week, the reliever is allocated shifts according to the workload requirement of the department.</p> <p>All roster changes and swaps must be documented on a "Change of duty" form and left for the Clinical Operations Analyst who will change the roster.</p> <p>Ordinary hours of work are 0000 hours to 2400 hours every day (7 days per week). Additional hours of non-rostered work averaging 2 hours per week may be required during any week. There is no call-out.</p> <p><b>Standard shifts are:</b></p> <table> <tr> <td>Day</td> <td>0800-1800</td> </tr> <tr> <td>Midday</td> <td>1200-2200</td> </tr> <tr> <td>Afternoon/Evening</td> <td>15:00-01:00</td> </tr> <tr> <td>Night</td> <td>2230-0830</td> </tr> <tr> <td>Relief</td> <td>TBC</td> </tr> </table> <p>Routine duties will be scheduled at least one month in advance and will be compiled by the Clinical Operations analyst in consultation with the Clinical Head.</p>								Day	0800-1800	Midday	1200-2200	Afternoon/Evening	15:00-01:00	Night	2230-0830	Relief	TBC
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	Mon	Tue	Wed	Thu	Fri	Sat	Sun										
1	R	R	R	R	R												
2	D	D			M	M	M										
3	A	A	A	A													
4	N	N	N														
5			D	D	D												
6				M	A	A	A										
7	D			N	N	N	N										
8	R	R	R	R	R												
9	D	D			D	D	D										
10	A	A	A	A													
11	N	N	N														
12			D	D	D												
13				A	A	A	A										
14	M			N	N	N	N										

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Annual leave, study leave and any other planned leave will be covered within the department by the Relieving House Officer. Two House Officers can be allocated leave at any one time with all leave requests being made to the Clinical Operations Analyst. Staff are requested, where possible, not to take leave during their rostered night duty week, as this can result in an inequity of night duty allocation for the reliever.</p>

## Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The House Officer will;</i></p> <ul style="list-style-type: none"> <li>• At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time;</li> <li>• Ensure a mid run assessment is completed after discussion between the House Officer and the consultant responsible for them;</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant;</li> <li>• Sight and sign the final assessment report provided by the service.</li> </ul>	<p><i>The service will provide;</i></p> <ul style="list-style-type: none"> <li>• An initial meeting between the Consultant and House Officer to discuss goals and expectations for the run, review and assessment times, and one on one teaching time;</li> <li>• An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Consultant responsible for them;</li> <li>• The opportunity to discuss any deficiencies identified during the attachment. The Consultant 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;</li> <li>• A final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer.</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Rostered Hours	41.1	
All other unrostered hours (to be confirmed by run review)	TBC	
Total hours per week	41.4	

**Salary:** The hours of work for this attachment are as detailed for an F category run, however a minimum of a Category C run will apply.