

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer – ADU
<b>DEPARTMENT:</b>	Medicine
<b>PLACE OF WORK:</b>	North Shore Hospital
<b>RESPONSIBLE TO:</b>	ADU Clinical Director / Operations Manager
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health Care Consumers, multidisciplinary healthcare team.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the care of acute general medical patients in the ED/ADU and Short Stay
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
<b>RUN PERIOD:</b>	13 weeks

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties &amp; Work Schedule</b>	<ul style="list-style-type: none"> <li>• Responsible for the clinical assessment, investigation, diagnosis and treatment of patients admitted to the Medical Service under the supervision of the Consultants.</li> <li>• To attend 8am and/or 10pm handover on all relevant rostered days</li> <li>• Under the supervision of the Consultant (during normal working hours = ADU SMO or Consultant Physician on call, after hours = Consultant Physician on call), through the registrar:</li> <li>• To be responsible for the assessment of patients admitted to Medical services, in line with the service time frames</li> <li>• To maintain an accurate and legible clinical record for each patient, including: <ul style="list-style-type: none"> <li>- History, examination, diagnosis, problem list and plan</li> <li>- Update clinical records as often as indicated by the patient's condition.</li> <li>- All entries recorded with the time and date, signature, name + contact details.</li> </ul> </li> <li>• To facilitate safe and efficient management of patients in the care of the Medical Service. This includes: <ul style="list-style-type: none"> <li>- maintaining timely reviews of patients, particularly post diagnostic tests</li> <li>- documentation of comprehensive management plans</li> <li>- communication with relevant family, whanau and colleagues</li> <li>- liaison with other services as required inc. referrals</li> </ul> </li> <li>• To keep the Registrar informed about acute admissions and problems as they arise</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<p>especially where the patient is seriously ill or causing significant concern:</p> <ul style="list-style-type: none"> <li>• To participate in Short Stay team under supervision of Consultant Physician including daily ward round, arranging investigations, referrals and other care arising from the ward round and following up outcomes on same day.</li> <li>• To participate in discharge process including EDS at point of discharge or within 24hrs.</li> <li>• To co-ordinate patients care through liaison with ensure that in event of a consultation being requested by another Service, the patient is seen and the on call consultant (of referring and referred) made aware of any problems.</li> <li>• To provide supervision of any medical students or observers attached to ADU.</li> <li>• To participate in research projects and clinical audit within the department.</li> <li>• Any other duties that may be required in the interests of the department, such as organising clinics and lunchtime presentations.</li> <li>• Registrars may be requested to present case summaries and topic reviews.</li> <li>• Participate in evenings, weekend and rostered night call for general medicine inc. ADU/ED, short stay, the acute medical wards as per the attached template roster.</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 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.</li> </ul>

## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Time	<p>Professional development of a House Officer's 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>• ADU Journal Club + SMO Teaching, Thursdays 0800-0900</li> <li>• NSH Medical Grand Round, Tuesday 1230 – 1330</li> </ul>

Nature	Details
	<ul style="list-style-type: none"> <li>• NSH General Medicine Radiology meeting, 2<sup>nd</sup>+4<sup>th</sup> Tuesdays, 11.30-12.30</li> <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> </ul>

### 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. There are 9 relievers/night relievers and 5 team cover/relievers.</p> <p>There is a consistent workload Monday to Friday (ordinary hours) for 4 House Officers on the ADU team and daily staffing numbers will be maintained at this level. Only where numbers fall below that level will cover or additional remuneration be provided.. Remuneration will be as follows:</p> <ul style="list-style-type: none"> <li>• 4 FTE will be remunerated as per the salary category in section 6 of the Run Description</li> <li>• 1 FTE will be remunerated as a relief run category which will be shared amongst the 5 House Officers contributing to the roster.</li> </ul> <p>When on duty after hours, the ADU/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&amp;R teams and wards including Ward 12. Therefore on duty house officers during evenings, nights and weekends provide ward cover for Medical and AT&amp;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>The ADU house officer therefore provides ward cover for Medical, and OAHH patients and any Medical Outliers patients when rostered on after hours, including evenings nights or weekend duty.</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 appropriate 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 working hours - Summer</u>	
<b>08:00 - 16:00</b>	Monday to Friday
<b>08:00 - 22:30</b>	Weekday long day
<b>08:00 - 16:00</b>	Saturday/Sunday short day
<b>08:00 - 22:30</b>	Saturday/Sunday long day
<b>22:00 – 08:00</b>	Night shift
<u>Ordinary working hours - Winter</u>	
<b>08:00 - 16:00</b>	Monday to Friday
<b>08:00 - 22:30</b>	Weekday long day
<b>08:00 - 16:00</b>	Saturday/Sunday short day
<b>08:00 - 22:30</b>	Saturday/Sunday long day
<b>22:00 – 08:00</b>	Night shift

## Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<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 their learning objectives and expectations for the run, review and assessment times, and one on one teaching time</li> <li>• After any assessment that identified 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 one on one teaching time;</li> <li>• 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;</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 House Officer's attention, and discuss and implement an agreed 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 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 6: Hours and Salary Category

### Summer Roster Hours (Q1 and Q4)

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-3.20	
Rostered additional hours (inc. nights, weekends & long days)	15.44	
All other unrostered hours	2.50	
Total hours per week	54.74	

**Salary:** The salary for this attachment will be detailed as a Category D run.

### Winter Roster Hours (Q2 and Q3)

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-3.05	
Rostered additional hours (inc. nights, weekends & long days)	14.70	
All other unrostered hours to be confirmed by a run review	TBC	
Total hours per week	51.65	

**Salary:** The salary for this attachment will be detailed as a Category D run.

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