

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer (HO)
<b>DEPARTMENT:</b>	Obstetrics and Gynaecology - Women's Health
<b>RESPONSIBLE TO:</b>	General Manager Women's Health and the Clinical Director of Obstetrics and Gynaecology.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital and community based health care workers
<b>PRIMARY OBJECTIVE:</b> <b>Secondary:</b>	To facilitate the management of inpatients under the care of the service. To provide basic training in Obstetrics and Gynaecology.
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by New Zealand Medical Council for prevocational training, This clinical attachment is also recognised as a training position for the Diploma in Obstetrics and Gynaecology
<b>RUN PERIOD:</b>	13 weeks

## Section 1: Senior House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<p>Clinical Duties:</p> <ul style="list-style-type: none"> <li>• Follow the House Officer roster for hours worked and after-hours duties.</li> <li>• Follow the daily timetable for rostered duties. The House Officer reports clinically to the supervising Registrar or Consultant rostered with them for the session.</li> <li>• Ensure complete hand-over of unfinished work, or patients that need review, or patients who are of concern at the end of each shift to the on-coming House Officer, or Registrar or Consultant, as appropriate.</li> <li>• Duties include: <ul style="list-style-type: none"> <li>○ Routine ward work, including attending patients urgently as requested by nursing, midwifery or other medical staff from Women's Health.</li> <li>○ Postnatal ward rounds</li> <li>○ Attending acute admissions in emergency care (EC) in close liaison with the gynaecology registrar. On discussion, this will include assessing the patients' problems and initiating or reviewing investigations and management plans</li> <li>○ Gynaecology ward round with the acute gynaecology team of the day</li> <li>○ Pre-admission clinics, working in close liaison with the clinic nurse and the surgeon responsible for the list.</li> <li>○ Rostered antenatal and gynaecology clinics with the Registrar or Consultant</li> <li>○ Theatre assistant, including elective and urgent caesarean sections.</li> <li>○ Other training opportunities / clinical duties as they arise and directed by the supervising Registrar/ Consultant</li> </ul> </li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Legible notes will be written at all times, dated, timed and signed along with the personal stamp including the MCNZ registration number and a contact phone number.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<p>This includes inpatient notes in outpatient clinics, on admission, daily ward rounds and particularly whenever management changes are made.</p> <ul style="list-style-type: none"> <li>• On discharge, an electronic discharge summary should be completed for all gynaecology patients and complicated postnatal patients. Ideally these should be completed before the patient goes home. If the House Officer is at all unsure what to write they should contact the supervising Registrar or Consultant. They should ensure that all investigations have been requested, that a prescription is written, if required, and follow-up arrangements have been made.</li> <li>• A letter will be written to the patient's GP after each Gynaecology outpatient visit and at their first Antenatal visit. This is usually the responsibility of the Registrar or Consultant. If the House Officer is requested to dictate such a letter it should be checked by the responsible registrar/ Consultant.</li> <li>• RMOs are expected to familiarise themselves with all patient record systems used for their patient group in the DHB. In Maternity this includes Badgernet (however systems may change in future), and to document all information within the system for patients registered in Badgernet (or in future replacement systems). This will include clinic letters, admission notes, discharge summaries and intrapartum care and procedures.</li> </ul>

## Section 2: Training and Education

<i>Details</i>
<p>There will be normally a 2-3 hour education session each week specifically for House Officers in O&amp;G. Diagnosis and treatment of common O&amp;G problems will be discussed. House Officers will be expected to take part in presentations to lead these discussions. House Officers are invited to join the Wednesday morning departmental clinical/ education meetings; a list is provided in advance by one of the senior registrars.</p> <p>Research is not applicable to this post; however an audit topic for a 6 month run is expected.</p>

### Section 3: Roster

<i>Roster</i>									
<p>There are 9 House Officers employed on the roster, plus 1 Reliever. 1 position is reserved for a first year House Officer and will be rostered duties in line with their experience.</p> <p>The ordinary hours of work will be 8 hours per day between 08.00 and 16.00 Monday to Friday.</p> <p>There is a consistent workload Monday to Friday (ordinary hours) for 6 House Officers and daily staffing numbers will be maintained at this level. remuneration will be as follows:</p> <ul style="list-style-type: none"><li>• 7 FTE will be remunerated as per the salary category in section 6 of the run description</li><li>• 1 FTE will be remunerated as per the salary category detailed in the O&amp;G PGY1 House Officer run description</li><li>• 1 FTE will be remunerated as a relief run category which will be shared amongst the 8 House Officers contributing to the roster.</li><li>• 1 FTE will be a designated relief position and will be remunerated as a relief run category</li></ul> <p>After hours are shared equally at a frequency of 1:8 over the run. The position reserved for a first year House Officer is excluded from this and will be rostered to 1 weekday long day per week.</p> <p>Two Registrars and an SMO will be resident in the hospital at all times. They should be consulted when there are any concerns and following review of patients in Emergency Care before admission or discharge.</p> <p><b>Average weekly hours of work:</b></p> <p><b>Week days:</b></p> <table><tr><td>Normal hours</td><td>0800 – 1600</td></tr><tr><td>Long Day</td><td>0800 – 2230</td></tr></table> <p><b>Weekends:</b></p> <table><tr><td>Long day</td><td>0800 – 2230</td></tr></table> <p><b>Nights:</b></p> <table><tr><td>Nights</td><td>2200 – 0800</td></tr></table>		Normal hours	0800 – 1600	Long Day	0800 – 2230	Long day	0800 – 2230	Nights	2200 – 0800
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### Section 4: Cover

<i>Other Resident and Specialist Cover</i>	
<p>In general, no more than 1.5 weeks of leave should be taken in a 3 month period. No more than one House Officer should be on leave at any time except in exceptional circumstances as approved by the General Manager and Clinical Director, Women's Health.</p> <p>All requests for educational leave are subject to approval by their Clinical Director and to authorisation by the General Manager of Women's Health. Applications for education leave must be submitted well in advance to facilitate cover arrangements.</p>	

### Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
The House Officer will:	The Service will ensure:

<i>House Officer</i>	<i>Service</i>
<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>For additional support and advice the House Officers should discuss with their Educational Supervisor.</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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
RDO Hours	-4.00	
Rostered additional hours (inc. nights, weekends & long days)	18.43	
All other unrostered hours	2.00	
Total hours per week	56.43	

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