



## RUN DESCRIPTION

<b>POSITION:</b>	House Officer – Obstetrics and Gynaecology
<b>DEPARTMENT:</b>	Women’s Health Services
<b>PLACE OF WORK:</b>	North Shore and Waitakere Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director/Operations Manager, Women’s Health and the service Consultants and Registrars
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumer, Hospital and community based multi-disciplinary healthcare workers.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the care of Obstetrics and Gynaecology patients in the Women’s Health Service
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the Medical Council of New Zealand for pre-vocational 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>• Under the supervision of the Registrar and Consultant:               <ul style="list-style-type: none"> <li>○ Be responsible for the assessment and facilitation of safe and efficient management of patients presenting to and within the Obstetrics and Gynaecology Service. Admit and document and the management plan for each patient</li> <li>○ Review patients referred from other services</li> </ul> </li> <li>• On call duty:               <ul style="list-style-type: none"> <li>○ Review, clerk and arrange investigations for acute admissions. Follow-up on investigations requested and communicate findings to the Registrar and/or the Consultant on call</li> </ul> </li> <li>• In respect of acute admissions keep the Registrar and team on call informed particularly in the case of seriously ill patients. In the event of pressure from other duties notify the Registrar of this.</li> <li>• On the ward:               <ul style="list-style-type: none"> <li>○ Conduct a ward round of inpatients in consultation with the registrar and/or consultant on call</li> <li>○ Oversee ongoing investigations and communicate findings to the registrar and/or</li> </ul> </li> </ul>

	<p>consultant on call and update the management plan accordingly Attend to all pages from nursing, midwifery, allied health staff and review patients where appropriate</p> <ul style="list-style-type: none"> <li>○ Notify the registrar and/or consultant on call if there are any concerns or there are any seriously unwell patients that require senior review</li> <li>○ Participate in the discharge process, maintaining communication with the charge nurse/midwife, the general practitioner and/or Lead Maternity Carer</li> </ul> <ul style="list-style-type: none"> <li>● Attend departmental meetings including weekly registrar teaching sessions, maternity case reviews, perinatal mortality meetings, radiology meetings and monthly Obstetrics and Gynaecology CME meetings</li> <li>● Attend and participate in outpatient clinics and theatre sessions when rostered, during ordinary hours</li> </ul>
<p><b>Administration</b></p>	<ul style="list-style-type: none"> <li>● Write ward round notes and update patient notes/files when necessary at other appropriate times (e.g. registrar/consultant review of patient, entry of investigation findings, change of plan, etc.)</li> <li>● Maintain a satisfactory standard of documentation in all patient files/notes. All written prescriptions and notes must be signed and dated, with a printed name and locator number legibly recorded.</li> <li>● Under the supervision of the Registrar/consultant, be responsible for certifying death and completing appropriate documentation;</li> <li>● Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul 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> </ul> </li> <li>● If absent due to unexpected circumstances (e.g. health, bereavement, or other) contact the Women's Health Administrator directly. If your message is unacknowledged, call the Women's Health Operations Manager directly and the RMO Support Unit by 0700h.</li> <li>● The RMO working at WDHB will be provided with a Concerto Login and a WDHB email account which will be used for all work related communication. It is the responsibility of the RMO to ensure this is checked regularly.</li> <li>● The RMO needs to ensure the daily roster on the G:drive is reviewed to ensure that they are aware of any updates as changes may occur due to unexpected sick leave or other service requirements.</li> </ul>

## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<b>Protected Time</b>	<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"> <li>• HO Teaching Programme- Thursday 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> <li>• Practical Skills Training- Monday 1200-1400 hours, Seminar Room 1, Learning and Development, NSH (unless advertised otherwise). Consists of six different training modules run on a repeat cycle throughout the year. These modules have been designed to assist RMOs to maintain their skills in different ACLS procedures and practical skills. House Officers are expected to attend each module at least once during the training year.</li> <li>• The Pathology Review as indicated on Team Timetable.</li> <li>• The Radiology Review as indicated on Team Timetable.</li> <li>• Journal Club on Monday at North Shore Hospital.</li> <li>• Attend departmental meetings including weekly registrar teaching sessions, maternity case reviews, perinatal mortality meetings, radiology meetings and monthly Obstetrics and Gynaecology CME meetings</li> <li>• Grand Round is Tuesday 1230 – 1330 at North Shore Hospital. It is important to note that this is not included as protected teaching time.</li> </ul>

## Section 3: Roster

<p>There will be seven house officers (including 2 Senior House Officers) and one reliever on the O&amp;G roster. The reliever will cover the duties of the House Officer on leave.</p>		
<p><b>Hours Of Work</b></p>		
Ordinary Hours	Monday to Friday	0800hrs to 1600hrs.
Acute Admitting	Monday to Sunday	0800hrs to 2230hrs
Night Duties	Monday to Sunday	2200hrs to 0800 hrs
Number of Weekends on Duty	1:3	
Number of Night Duties	1:7	
<p>The ordinary hours of work will be 8 hours per day between 0800 ad 1600h Monday to Friday. Night duties are shared at a frequency of 1:7 over the run. These will be worked in sets of 4 and 3 consecutive night duties.</p>		
<p>There is a consistent workload Monday to Friday (ordinary hours) for four 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 a relief run category which will be shared amongst the 7 House Officers contributing to the roster</li> </ul>		
<p>1 FTE will be a designated relief position and will be remunerated as a relief run category</p>		

## Section 4: 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> </ul> <p><i>For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</i></p>

## Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
RDO Hours	-3.43	
Rostered additional hours (inc. nights, weekends & long days)	19.93	
All other unrostered hours	3.21	
Total hours per week	59.71	

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