

## RUN DESCRIPTION

<b>POSITION:</b>	House Officer - Neurology
<b>DEPARTMENT:</b>	Paediatrics – Neurology, Metabolic, Developmental
<b>PLACE OF WORK:</b>	Starship Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Manager, through a nominated Consultant/Physician.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Paediatric Neurology, Metabolic & Developmental Services.
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by New Zealand Medical Council for prevocational training
<b>RUN PERIOD:</b>	3 months

### Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> <li>• Daily ward rounds reviewing patients with the assigned speciality Registrar.</li> <li>• Elective admissions will be assessed including taking a history, performing a physical examination, ordering appropriate investigations, referrals and procedures and formulating a management plan in consultation with the Registrar and/or Consultant.</li> <li>• Implement management and treatment for patients under supervision of the assigned specialty Registrar.</li> <li>• Arrange appropriate investigations and ensure follow up of results.</li> <li>• Legible notes are to be written in patients charts on a daily basis and when management changes are made. Entries must be dated, signed and have a legible printed name accompanying the signature.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• In conjunction with the Registrar, ensure initial plan sheets, summary of investigation and results, and Weekend plans are formulated and in place.</li> <li>• Perform required procedures as necessary.</li> <li>• Liase with other staff members, departments and health professionals in the management of patients.</li> <li>• Communicate with patients and their families about their concerns and facilitate their understanding of the medical issues involved.</li> <li>• On discharge ensure appropriate follow up is in place, including written information where appropriate. A written discharge will be completed within a reasonable period of time and forwarded to the appropriate health professionals including the family doctor.</li> <li>• The primary responsibility will be for the neurology, metabolic and developmental patients however the house officer will work in conjunction with the other house officer based on ward 26A who covers neurosurgery and endocrinology. They should be familiar with these patients and the workload should be shared equally</li> <li>• All the above duties will be in conjunction with registrar and the consultant responsible for that patient.</li> </ul>
Acute Call	<ul style="list-style-type: none"> <li>• The House Officer on acute call is available to the medical and surgical wards to review patients and to deal with medical/surgical problems as they arise.</li> <li>• Admissions from the emergency department and elsewhere will be assessed. This involves taking a history, performing a physical examination, ordering appropriate investigations, referrals and procedures, and formulating a management plan in consultation with the Registrar and/or Consultant.</li> </ul>

## Section 2: Training and Education

<i>Training and Education</i>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
a.m.	0900- Neurology consultant ward round		0800-0900 – Starship Update 0900- Neurology Consultant Ward Round		0900- Neurology MDT round 1100-1200 Neurology radiology meeting
p.m.		1300-1400 House Officer Teaching	1430- Endocrine Teaching/Meeti ng/Journal Club	1300-1400 Registrar Teaching	1300 – Grand Round
Note: dates and times for the sessions above may change.					

## Section 3: Roster

### *Roster*

The hours of work of the Paediatric House Officers are as follows:

Ordinary Hours	Monday to Friday	0800-1600
Long Day	Monday to Sunday	0730-2230
Weekend ward round	Saturday & Sunday	0700-1300
Weekend long day	Saturday & Sunday	0730 - 2230
Night Duty	Monday to Sunday	2200-0800

- Nights will be rostered in sets of 3 consecutive or 4 consecutive duties.
- There are seven Paediatric House Officer Relievers who will cover the duties of the House Officers on leave, night duties., sleep days and rostered days off (RDO)
- Additional cover will be provided through the payment of additional duties and locum rates as required.
- There are five sets of RDO's per week with three falling prior to the weekend worked and two falling after the weekend worked. One out of the five sets of RDO's each week does not abut a weekend free of duty. Each House Officer contributing to the roster will be rostered to one to two sets of RDO's not abutting a weekend free of duty per run. When allocating the RDO's, rest, recuperation and continuity for the House Officer/s, relieving House Officers and service requirements will be taken into

## Section 4: Cover

### *Other Resident and Specialist Cover*

- The Neurology House Officer contributes to the medical weekday long days part of the Paediatric Medical House Officer roster
- There is one Paediatric Medical House Officer rostered to acute call outside of ordinary hours which provides cover for all the medical services; 1600 – 2230 week days, 0800 – 2230 weekends. .
- Between 2200 and 0800 cover is provided by the Night House Officer.

## 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: (Quarter 1 and 4)

Average Working Hours		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-4.27	
Rostered additional hours	11.84	
All other unrostered hours	2.92	
<b>Total Hours</b>	<b>50.49</b>	

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

Winter: (Quarter 2 and 3)

Average Working Hours		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-4.00	
Rostered additional hours	11.39	
All other unrostered hours	3.00	
<b>Total Hours</b>	<b>50.39</b>	

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