



# RUN DESCRIPTION

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Urology Department
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Clinical Directors and Service Managers of Urology, through a nominated Consultant.
<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 Department of Urology
<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

Area	Responsibilities
Clinical Duties	<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• be responsible, under the supervision of the Consultant/Registrar, to review assigned inpatients, this is required on a daily basis,</li> <li>• order and follow-up necessary investigations, perform clinical procedures and initiate treatment as directed by the Registrar and/or Consultant,</li> <li>• Liase with other staff members, departments, and General Practitioners in the management of their assigned patients,</li> <li>• communicate with patients and (as appropriate) their families about patients' illness and treatment,</li> <li>• Attend handover meetings as required.</li> <li>• assess all acute and "transfer" patients referred to service, performing a physical examination then formulating and initiating a management plan in consultation with the Registrar and/or Consultant,</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• at the direction of their Registrar respond to requests by other health professionals to assess and treat inpatients under the care of other medical teams,</li> <li>• Outside of “acute admitting” hours, patients may have their admission arranged by the Registrar or Consultant,</li> <li>• Attend Operating room as required by the Registrar and/or Consultant.</li> <li>• when on call duty outside admitting hours, respond to requests by other health professionals to assess and treat inpatients under the care of other medical teams,</li> <li>• May be responsible for the assessment and initiating management of these patients during normal working hours.</li> </ul>
Other Duties	<p>Attend the Operating Room as required by the Registrar and/or Consultant;</p> <p>Attend Outpatient and pre-admission clinics as required by the Registrar and/or Consultant</p>
Administration	<p>The House Officer will ensure:</p> <ul style="list-style-type: none"> <li>• legible notes are written in patient charts on admission, daily on weekdays and whenever management changes are made,</li> <li>• appropriate laboratory tests will be requested and results sighted and signed,</li> <li>• on discharge, patients will receive a typed clinical summary with a prescription and follow-up appointment if so required,</li> <li>• With the Registrar be responsible for writing the initial discharge summary for every patient,</li> <li>• With the Registrar be responsible for writing death certificates,</li> <li>• The House Officer may be requested, at the direction of the Clinical Director, General Medicine, to assist with operational research in order to enhance the performance of the General Medical Service.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</li> <li>• “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>• “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>

## Section 2: Training and Education

Nature	Details
<b>Protected Time</b>	<p>The House Officer will,</p> <ul style="list-style-type: none"> <li>• By/through example and supervision actively contribute to the education of the trainee interns and medical students assigned to their particular team.</li> <li>• Be requested to teach other health care workers occasionally,</li> <li>• Unless rostered for acute admitting or required for medical emergency the House Officer will be given every opportunity to attend the House Officer Teaching session each Tuesday from 1400 to 1700, during which time the locators will be held on their respective home wards, attend teaching as arranged by the unit, this includes but is not restricted to;</li> <li>• Surgical Grand Round,</li> <li>• Medical Science Lecture and Physicians Grand Round each Thursday from 11am to 1 pm,</li> <li>• Each teams' consultants will advise of Multi-disciplinary meeting and further clinical teaching times including Clinical Skills Courses, unit teachings and CME activities etc</li> </ul>

## Section 3: Cover

Other Resident and Specialist Cover
<p>There are 3 House Officers on the run who combine with the 10 Orthopaedic House Officers and 3 night reliever to provide night cover for both the Urology and Orthopaedic services between the hours of 1600-0800, when rostered on a night or long day duty.</p> <p>House Officers will be assigned a home team and supervisor, however are allocated to the Urology service as a whole, with workload reviewed daily and shared across the House Officer positions.</p>

## Section 4: Roster

<b>Hours of Work</b>	
Ordinary hours of work are Monday to Friday	0730hrs - 1600hrs
Acute Admitting Monday to Friday:	0730hrs - 2230hrs
Acute Admitting Saturday and Sunday:	0730hrs – 2200hrs
Night Duty:	2200hrs - 0800hrs

## Section 5: Performance appraisal

House Officer	Service
<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 goals 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>The service will provide:</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 and an assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor.</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 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, end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 6: Hours and Salary Category

Average Working Hours	Service Commitments
<p>Basic hours (Mon-Fri) 40.0</p>	<p><b>The service, together with RMO Support Unit will be responsible for the preparation of any rosters.</b></p>
<p><b>RDO hours</b> -2</p>	
<p>Rostered additional hours (inc. nights, weekends &amp; long days) 12.98</p>	
<p>All other unrostered hours 6.03</p>	
<p>Total hours per week 56.94</p>	

**Salary** The salary for this attachment is detailed to be a Category **C**.

