

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Emergency Medicine
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director and Manager, through a nominated Consultant/Physician
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
PRIMARY OBJECTIVES:	To facilitate the management and training of patients under the care of the Emergency Department.
RUN RECOGNITION:	This run is recognised by the New Zealand Medical Council as a Category B run
RUN PERIOD:	3 months

Section 1: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> To assess and management patients in the Adult Emergency Department. To consult at all times with the Senior Doctor on duty regarding all cases. The roster is a 6 week rotating roster over a 24 hour period. In the rare instance when ADHB declares a Major Incident, House officers will be called to assist. This will be by agreement and paid as additional duties, any subsequent shifts will be changed to ensure safe resumption of work after adequate rest and debriefing. During this time, Major Incident Protocols will be instigated. All House Officers are to concentrate on seeing Triage 3 to 5 patients but may see Triage 2 patients when the supervising doctors feels they are ready to progress.

- All House Officers are expected to see the whole range of Emergency presentations. Advice and assistance should be sought from the SMO or Fellow to assist in widening the House Officers scope of practice.
- Documentation on all patients should be completed in a timely fashion and must include all relevant information of history, examination, investigations, management and disposition. They may be handwritten and legible or completed electronically. All notes should be printed, signed, and dated..
- All investigations ordered must be sighted, accepted and acted on. Any investigation ordered prior to seeing the patient (e.g. nurse ordered) must also be sighted, accepted and acted on even if the relevance is unclear.
- House Officers are expected to participate in a number of procedures and a wide range of procedures. All procedures must be performed and documented using department guidelines and protocol.
- The number of patients seen per shift is not strictly defined. It is expected the House Officer will work efficiently but at a safe speed. As a guide, it is expected that a House Officer should aim to be managing 1 patient per hour and may have 2 patients at varying stages of assessment and management.
- House Officers will be allocated to teams or areas based on the current model of care.
- Any patient requiring admission must be referred to the appropriate specialty in a professional manner. Any disputes should be directed to the SMO in charge or leading their team..
- All patients referred for outpatient clinics must be done so with the appropriate documentation and procedure.
- Prior to discharge, all patients should receive a typed Discharge Summary (or hand written during computer failure). They should also receive education and any relevant patient information handouts and appropriate follow-up instructions.
 - All ACC patients must have ACC documentation completed.
- Shifts and Roster
- 0800-1800 (M = Morning shift)
- Each House Officer will be expected to pick up new patients from 0800-1600 (8 hours). During the last 2 hours (1600-1800), the House Officer will pick up shorter cases or continue to finish the management of their other patients. Once the work is completed, the House Officer will be able to leave between 1700-1800.
- 1600-0100 (A = Afternoon shift)
- Each House Officer will be expected to pick up new patients from 1600-2400 (8 hours). During the last 1 hour (0000-0100), the House Officer will continue to finish the management of their patients. Once the work is completed, the House Officer will be able to leave between 0000-0100.
- 2230-0830 (N = Night Shift)
- Each House Officer will be expected to pick up new patients from 2230-0800 (9 ½ hours). Handover will occur at 0800 and it is not expected that any new patients will be picked up from 0800-0830. This 30minutes will be spent at handover and completing the management of current patients to the point of discharge or referral. If this cannot be completed in the allotted time, the SMO will reallocate these patients. Once the work is completed, the shift will end and the House Officer will always be able to leave no later than 0830.
- 2 to 4 shifts will be worked in a row followed by 2 days off (3 days off following night shifts).
- 3 weekends will be worked every 6 week cycle and are either preceded by 2 days off or 2 days off after the weekend (3 days after nights).

	<ul style="list-style-type: none"> • R = Relief Shift • 1 in 6 weeks are Relief weeks where the House Officer will work 4-5 M, A or N shifts to cover for planned leave. • It is paid as a short notice/leave reliever at 2 categories higher than the run category. • During this week, the House Officer will work a maximum of 5 shifts with 2 days off. However, if night shifts are worked, a maximum of 4 shifts will be worked in the week. In all cases, only 2 shifts types will be worked during that week (morning and afternoon, afternoon and night, night and morning). If more than one shift type is worked, an adequate break will occur between shifts as detailed in the MECA. • If no one is on leave, the Department Administration Assistant will allocate morning or afternoon shifts. • In the rare case when a House Officer is asked to work Sat or Sun during this week, they will receive either the preceding Thur and Fri off or the following Mon and Tues off and will also only work a maximum of 2 other shifts during the relieving week. If these weekend shifts are night shifts, the following Mon, Tues and Wed will be off. The House Officer will only work this additional weekend by consent. • If the weekend is worked during the relief week, the RMO will still only work 50% of weekends in total. • In general, notice of the relief shifts to be worked will be at least 2 weeks in advance. However, if a RMO requires urgent leave, they may be asked to change shifts at short notice, as long as the above rules are maintained and all parties agree <p><u>Breaks</u></p> <ul style="list-style-type: none"> • During each shift, a 30minute meal break should be taken and is paid. However, on some shifts this may need to be shortened due to the nature of emergency work. Other breaks will be made available as compensation. • The senior in charge must be aware when a meal break is being taken and only one Registrar can be off at any one time. <p><u>Handover</u></p> <ul style="list-style-type: none"> • A handover will occur at 0800 and 1600. All outgoing night shift and incoming day shift House Officers are to attend at 0800. Only incoming House Officers are expected to attend the 1600 handover. All current patients will be discussed and the outgoing House Officer is expected to present a short and relevant synopsis of the ED patients (including any short stay patients) and outline the ongoing management required. • There are no formal handovers between afternoon and night shifts as there is considerable overlap between the new team starting and the existing team. It is anticipated that as a result, few patients will need to be handed over. If this is to occur in the afternoon at 1800 hours patients should be handed over to one of the evening SMO's. At the end of an evening shift around 0100 hours all patients requiring handover, including short stay patients, must be handed over to one of the night registrars or Fellow. Short SStay patients handed over should have a full plan including any overnight treatment written by the outgoing medical staff.
Administration	<ul style="list-style-type: none"> • The department will provide reference texts and computer based material for use during the shift and for preparation for presentations. • The Department Administrator Assistant will provide administrative needs. • Formal communication will be by ADHB email, and each House Officer is expected to check their ADHB email at least weekly.
<i>Area</i>	<i>Responsibilities</i>

Leave	<ul style="list-style-type: none"> Leave will be allocated on a first come, first serve basis ensuring all House Officers are treated evenly and fairly. The Department Administration Assistant (or the SMO or Fellow In Charge during their absence) must be advised of any sick leave requests.
Education	<ul style="list-style-type: none"> House Officers will be released to attend weekly ED House Officer Education sessions and sometimes Tues afternoon department teaching.
Performance	<ul style="list-style-type: none"> The ED House Officer Supervising SMO will perform a mid run (verbal) and end of run verbal and written) assessment. Any issues arising during the run will be brought to the House Officers attention to allow for education and remediation.

Section 2: Weekly Schedule

ED House Officer Roster (6 week rotation)

Line	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours
1	R	R	R	R	R			50*
2	M	M	M			A	A	48
3	A	A			N	N	N	48
4				M	M	M	M	40
5			A	A	A			27
6	N	N	N	N				40
Maximum Average per 6 Weeks:								42.2

*The R week (Relief Week) may have reduced hours, but the maximum number is used in the average calculation.

M = 0800-1800

A = 1600-0100

N = 2230-0830

As there are more than 6 House Officers, rows will be duplicated.

Section 3: Hours and Salary Category

Average Working Hours		Service Commitments
Rostered hours	42.2	<p>The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.</p> <p>Per 6 Week Cycle:</p> <ol style="list-style-type: none"> 7 morning shifts of 10 hours. 7 afternoon shifts till 0100 of 9 hours. 7 night shifts of 10 hours. (27%) One relief week calculated at 5 shifts of 10 hours. 1Hr hour Teaching (not shown on the roster).
All other unrostered hours	TBC	
To be confirmed by a run review		
Total hours per week	42.2	

Salary The salary for this attachment will be as detailed in a Category **C** run and a Category **A** will apply during relief.