

RUN DESCRIPTION

POSITION:	House Officer - Gastroenterology
DEPARTMENT:	Gastroenterology, Waitemata DHB
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director of Gastroenterology
FUNCTIONAL RELATIONSHIPS:	Patients and their families and whānau, Hospital and community based healthcare workers particularly the gastroenterology team (registrars, fellows, gastroenterologists / SMOs), ward nursing staff and leadership, operations manager, other co-located medical teams, the ward multi-disciplinary team. Gastroenterology Operations Manager.
PRIMARY OBJECTIVE:	To facilitate the management of inpatients under the care of the Gastroenterology Service
RUN RECOGNITION:	This clinical attachment will be accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	13 weeks

Section 1: House Officer Responsibilities

Area	Responsibilities
Clinical Duties & Work Schedule	<p>Care of gastroenterology inpatients and inpatients receiving gastroenterology care, North Shore Hospital.</p> <ul style="list-style-type: none"> • Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level • Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis on weekdays and as required if there is a deterioration or concerns are raised • Manage the assessment and admission of acute and elective patients (with supervision) • Undertake clinical responsibilities as directed by the clinical supervisor or delegate, e.g. organise relevant investigations and ensure results are followed up, sighted and signed • Undertake daily rounds with (or under direct supervision of) the ward gastroenterology registrar. At least three times weekly these will be consultant-supervised. • Undertake the ward work arising from these rounds and carry out treatment decisions expeditiously and correctly together with the MDT, including attendance at MDT meetings • Coordinate patient care with the Endoscopy department, as well as other specialties and disciplines such as General Medicine, General Surgery, Nutrition, Pharmacy, Allied Health, Emergency and Primary Care <p>Co-ordination of care</p> <ul style="list-style-type: none"> • To work constructively with General Medical teams in ADU and on Ward 6 in terms of patient allocation, patient care and patient care coordination • To handover patients as required to the - responsible team e.g. treating team, evening, nights, weekends, daytime, rotating RMO etc <p>Discharge summaries, communication and outpatient care co-ordination</p> <ul style="list-style-type: none"> • To complete patient discharge summaries prior to patient discharge and communicate with GP's and other specialists electronically and by telephone to discuss patient care as required • To work with the registrar and Gastroenterology SMO in deciding and arranging outpatient care plans for inpatients including requesting clinic appointments, communicating with Clinical Nurse Specialists, arranging blood tests and results and follow up endoscopy referrals. Working with registrar and Gastroenterology SMOs to chase these results and act upon them as required. • Prepare required paperwork on Friday prior to known or likely weekend discharges <p>Communication</p> <ul style="list-style-type: none"> • Communicate with patients and (as appropriate) their families/ whānau about patients' illness and treatment • Maintain a high standard of written and oral communication with patients, families/whānau and staff

Area	Responsibilities
	<ul style="list-style-type: none"> • Inform registrars/consultants of the status of patients especially if there is an unexpected event or deterioration, or complaint • Attend handover, Team and departmental meetings as required <p>After Hours (please see below)</p> <p>Participate in 1:4 weekends including a ward round with the Gastroenterologist SMO, to enable ongoing care of inpatients and address deteriorations and changes in plan with SMO support (please see belowSection 5).</p> <p>There will be no General Medicine component out of hours to this position.</p>
Acute admitting	<ul style="list-style-type: none"> • Assess patients assigned by the Registrar or Gastroenterologist SMO. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant • Ward 6 is admitting and discharging gastroenterology patients on a continuing basis. The house officer will formally admit and write up admissions direct to Ward 6, and/or in the Endoscopy Department during working hours, with the assistance of the registrars as required. This is often bed-status dependent, in terms of the physical location of the patient. • Gastroenterology patients presenting to ED and ADU will generally be clerked by General Medicine / ADU staff in-hours and allocated to an ADU general medical team in the first instance, with advice and support through the gastroenterology registrar and SMO. The gastroenterology house officer's role is assisting in care coordination as part of the team. A minority of gastroenterology patients may be clerked / admitted by the Gastroenterology house officer or registrar in ADU in-hours at the direction of the Gastroenterology SMO on call. This will be reasonably and fairly negotiated. Out of hours, all gastroenterology patients are clerked by General Medical staff. If unwell, their care is discussed with the SMO Gastroenterologist on call. They will be handed over to the Gastroenterology team the following morning on a normal working day. • Some patients with gastroenterology presentations will be admitted under other teams, with gastroenterology team input on a referral or shared care model. House officer duties pertaining to these patients is predominantly that of the service under which the patient is admitted. The Gastroenterology House Officer's role in these patients is to coordinate specialist care with direct registrar or gastroenterologist supervision.
On duty	<ul style="list-style-type: none"> • When On Duty, be at the recognised workplace for the purpose of carrying out house officer duties.
Administration	<p>Informed consent</p> <p>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</p> <ol style="list-style-type: none"> 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." 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." <p>Unexpected absence</p>

Area	Responsibilities
	<ul style="list-style-type: none"> • If absent due to unexpected circumstances (e.g. health, other), follow the expected process as outlined in the departmental orientation guide including informing the RMO Unit and clinical team by correct time to enable safe patient care to be arranged. <p>Checking results and emails</p> <ul style="list-style-type: none"> • As an RMO working at WDHB you will provided with a Concerto login. Ensure results are signed off and acted upon. Discuss radiology, histology and significantly abnormal results with registrar or consultant prior signing off. • A WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this each working day <p>Documentation and patient records</p> <ul style="list-style-type: none"> • Be responsible for the accuracy and completeness of reports, patient notes and other official documentation written by the house officer. Ensure legible notes are written in patient charts at all times. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded. Electronic notes and prescribing are to be compliant as per DHB policy. • Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required; <p>Research and audit</p> <ul style="list-style-type: none"> • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service.

Section 2: Training and Education

Nature	Details	
	House Officer Responsibility	Service Responsibility
	<p>Through example and supervision, actively contribute to service teaching and development sessions through presentations and case reviews as requested. This can include Morbidity and Mortality meetings, Journal Club and Grand Round.</p> <p>Advise their consultant/s of other clinical teaching times e.g. Clinical Skills Courses etc.</p>	<p>Provide every opportunity for a thorough departmental orientation at the start of each House Officer run including:</p> <ul style="list-style-type: none"> • Orientation to common gastroenterology care pathways on Ward 6 • Orientation to the Time Table, including Zoom Codes for VC meetings • Orientation to endoscopy unit, procedures and cares • Orientation to paracentesis with the Gastroenterology Registrar, including practice on a paracentesis model <p>Provide every opportunity to attend the House Officer Teaching programme. The DHB will arrange for work mobile phones / locators to be held on their respective home wards or by CETU during this time;</p> <p>Provide every opportunity for Bedside clinical teaching during registrar and consultant ward rounds</p>
Protected Time	<p>Professional development of a House Officer's skills and knowledge should occur during the run. All House Officers must attend relevant departmental meetings. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <p>PGY 1 House Officer Weekly Teaching Programme – Wednesdays 1230 to 1330 hours in the Rata and Kawakawa Rooms at North Shore Hospital and Kawakawa Room at Waitakere Hospital. This is a protected teaching time when attendants turn off their Smartpage. Any urgent messages will be redirected to the team registrar.</p> <p>Practical Skills Training of PGY 2 House Officers – Practical Skills Training is embedded within the PGY 2 Workshops that run 4 times each quarter. Each quarter will focus on one procedural skill with 4 key procedural skills covered throughout the year. These modules have been designed to assist PGY 2 house officers to achieve and maintain procedural skills and prepare for stepping up to registrar. House officers are allocated one workshop per quarter by the NRA. In 2022, we will cover: lumbar puncture, suturing, paracentesis and joint aspirations.</p> <ul style="list-style-type: none"> • Grand Round is Tuesday 1230-1330 hours at North Shore Hospital. • Ward 6 multi disciplinary team (MDM): Mon – Thurs 10:00 – 10:25. Fri 10:30 – 10:45. This is the multi-disciplinary meeting for ward 6. Led by nursing, with input from allied health and doctors from the two ward 6 General Medical and Gastroenterology teams. It is the expectation that at least one member of the gastroenterology team will break from the round and attend MDT to discuss the multi-disciplinary care of inpatients each day in an SMO-led way. • Gastroenterology Radiology and Histopathology Multi Disciplinary Meeting (Gastro MDM): This occurs on a Friday from 0830 – 0930. 1:4 of these meetings are Regional Inflammatory Bowel Disease MDM. Location: LG Floor Radiology Conference Room. Also via Video Conference. • Present are a consultant radiologist, consultant histopathologist and the wider 	

	<p>gastroenterology team. For IBD MDM, representatives from Whangarei Hospital attend via video conference.</p> <ul style="list-style-type: none"> • The House Officer will, under the guidance of the ward registrar and SMO, send clinical details of inpatient cases that require MDM discussion to the organising registrar by the preceding Tuesday. • The registrar collates the list and sends to radiology and histopathology. The House Officer can present the case at MDM commensurate to their level of training, with the support of the registrar and consultant. • The registrars take the minutes and prepare a summary as part of the Clinical Record. • Last-minute inpatients where urgent MDM input is required are negotiated through the organising registrar, and are to be kept to time-critical, essential cases only. • ‘As required’ MDM: <ul style="list-style-type: none"> ○ These include local and regional meetings such as Upper GI MDM, HCC MDM, Lower GI MDM, Pelvic Floor MDM, General Medicine MDM. These are generally attended at registrar / SMO level in person or via videoconference. Each meeting has a different organiser and system. If there is a particular case that warrants discussion at these meetings, the house officer will email the appropriate MDM coordinator with details for each case under the direction and supervision of the registrar or consultant. The cases will be presented at a registrar or consultant level.
Supervision	Each HO will be allocated one ePORT Clinical Supervisor. It is up to the House Officer to ensure ePORT and MCNZ requirements are submitted on time. The supervisor will work with ward registrars, consultants and the broader MDT to create accurate and constructive feedback.

Gastroenterology Department Timetable					
	Monday	Tuesday	Wednesday	Thursday	Friday
0730		HCC Conference NZLTU* Zoom	0800: pelvic floor MDM(monthly)*	Journal Club SMO meeting 1/4	0730: UGI MDM *
0800 - 0810	<p>At least ONE junior doctor from Ward 6 MUST attend the Allocation meeting FTF or via VC every day at 0755 in ADU. Any Gastroenterology patients in ADU will be rounded on by the ADU Medical Team. The gastroenterology team provide speciality support, advice and care coordination, and arrange transfer to Ward 6 for longer stay.</p> <p>Between 0800 and 0805 on Ward 6 most days, patients will be divided between the Gastroenterology team and the two GM Teams, with input from Registrars and SMOs</p>				
0810 - 1200	Ward Round	Ward Round	PGY2 Rostered training days Ward Round	M&M 0800- 0845 ¼ weeks Ward Round start 0830 or 0845	0730 – 0830 – business round 0830 – 0930: Gastro MDT (rad/histopath) 0930-1000h: handover of inpatient, referrals and discussion of discharges
10 – 1030 MDT	Monday – Thursday 10:00 – 10:30; Friday 10:30 – 11:00				
1030- 1230			1200: Colorectal MDM*		1005: Consultant Ward Round
1300 - 1700	Usual duties				
	*Attendance at specialist MDTs are case dependent.				

Section 3: Training and education

	Monday	Tuesday	Wednesday	Thursday	Friday
0800 - 1200		PGY2 Rostered training days* NSH Hepatology Clinic*	PGY2 Rostered training days*	JC – Gastroenterology & General Medicine MnM	MDT IBD Meeting
1200- 1330		Hospital Grand Round			
pm				1230-1430 PGY1RMO teaching	IBD Clinic NSH*

*When workload allows, the Gastroenterology House Officer can attend Hepatology or IBD Clinic as a supernumerary team member, working 1:1 with a registrar or consultant

*When workload allows, the Gastroenterology House Officer can observe G.I. Endoscopy lists

Note: dates and times for the sessions above may change.

- There is a minimum of 2 hours per week medical learning, which includes the weekly meetings, M&M, journal club and pathology session.
- There is PGY1 house officer teaching on Thursday afternoons from 12:30 to 2:30pm.
- There is PGY2 house officer teaching with 2 workshops each quarter. The dates will vary for each individual PGY2 house officer.
- The House Officer is expected to contribute to the education of nursing, technical staff and medical students when requested
- The House Officer can contribute to Quality and Research project as interest and workload allows
- The House Officer can attend Hepatology or IBD Clinic, and also Endoscopy lists, for education, teaching and participation as interest and workload allows

Section 4: Roster

Roster

Ordinary Working Hours

Monday to Wednesday 08:00 - 17:00
 Thursday 07:30 – 16:30
 Friday 07:30 – 17:30
 Saturday/Sunday ward round 08:00 – 16:00

- The house officer will work 1:4 Gastroenterology Weekend Ward Rounds

WEEK 1		WEEK 2		WEEK 3		WEEK 4	
M	0800-1700	M	0800-1700	M	0800-1700	M	0800-1700
T	0800-1700	T	0800-1700	T	0800-1700	T	0800-1700
W	0800-1700	W	0800-1700	W	0800-1700	W	0800-1700
T	0730-1630	T	0730-1630	T	0730-1630	T	0730-1630
F	0730-1730	F	0730-1730	F	0730-1730	F	0730-1730
S	X	S	X	S	X	S	0800-1600
S	X	S	X	S	X	S	0800-1600

Section 5: Cover:

Other Resident and Specialist Cover

There is one Gastroenterology House Officer and two Registrars:

When on duty, the Gastroenterology house officer responds to requests by nursing staff and other medical staff to assess and treat patients under the care Gastroenterology as above.

For 1:4 weekends per run, the House Officer will join the Weekend Gastroenterology SMO for a ward round of inpatients followed by duties relating to gastroenterology patients from 0800 – 1600h Saturday and Sunday. Similar pattern on Public Holidays over the run.

The House Officer will complete the WR with the consultant, complete ward work, see any urgent referrals with gastroenterology SMO support, attend to acute changes in gastroenterology inpatients then hand over to the Tower covering medical house officer and C call Medical Registrar for outstanding jobs. If there is a deterioration in a gastroenterology inpatient, the House Officer will communicate directly with the Weekend Gastroenterology SMO as well as appropriate onsite escalation protocols, such as the 777 system or C call medical registrar.

Section 6: Performance appraisal

House Officer	Service
<p>The House Officer will:</p> <ul style="list-style-type: none"> • 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 • After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor 	<p>The service will ensure:</p> <ul style="list-style-type: none"> • 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; • 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; • 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; • 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 • For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.

Section 7: Hours and Salary Category – NZRDA

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. weekend ward rounds)	6.00 + 3.69	
All other unrostered hours	0.84	
Total hours per week	50.53	

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