

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer – Integrated Stroke Unit
<b>DEPARTMENT:</b>	Older Adults/Stroke
<b>PLACE OF WORK:</b>	Waitakere Hospital
<b>RESPONSIBLE TO:</b>	Clinical Director and Operations Manager, through a nominated Consultant/Physician.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers and family/whanau, hospital and community based healthcare workers including Consultants and Registrars in AT&R, General Medicine and others as required, other members of multidisciplinary team.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the safe and effective management of inpatients under the care of the Integrated Stroke Unit.
<b>RUN RECOGNITION:</b>	This run is recognised by the NZMC as a training position in the first year of registration. This run will be accredited for RACP basic physician training.
<b>RUN PERIOD:</b>	13 weeks

## Section 1: Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties and Work Schedule</b>	<ul style="list-style-type: none"> <li>• Under the supervision of the Integrated Stroke Unit (ISU) Consultant and Registrar, facilitate the management of patients in the ISU.</li> <li>• Undertake a daily morning round when on duty with the Registrar or Consultant and actively participate in the management of patients. Write progress notes on patients reflecting the assessment and management plan decided on the ward round.</li> <li>• Attend multidisciplinary meetings with other health professionals involved with patient management and discharge planning. Communicate effectively with members of the multidisciplinary team to ensure optimal patient outcomes and timely discharge.</li> <li>• Liaise with the other health professionals in the unit to ensure the required level of coordinated care to patients. This may include meeting each morning with the Charge Nurse of the ISU.</li> <li>• Keep patients informed of their progress. Answer (as able) any questions relating to their diagnosis and management and explain any procedures (or refer these questions to the Registrar or Consultant as needed).</li> <li>• With permission of the patient, liaise with relatives and answer questions relevant to the patient's illness or rehabilitation progress (or refer these to the Registrar or Consultant as needed).</li> <li>• Admit, assess and arrange investigations for patients in the ISU and request assistance from the Registrar or Consultant when required.</li> <li>• Keep the Registrar and/or Consultant informed of problems as they occur on the ward and ensure appropriate handover occurs with the on-call House Officer or Registrar as required.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Review patients under their care when requested by nursing staff.</li> <li>• Review acute and elective admissions to the ISU, construct a problem list and request basic investigations.</li> <li>• Undertake rostered after-hours duties in the acute medical wards at Waitakere Hospital.</li> <li>• Undertake other duties as required from time-to-time by the Clinical Director.</li> <li>• Attend family meetings for patients under the ISU.</li> <li>• Write Electronic Discharge Summaries (EDS) ensuring they are an accurate and timely record of care. Where early GP follow-up is anticipated or the case is complicated, the House Officer should ensure the GP is updated by telephone.</li> <li>• Ensure regular case notes are written in a problem orientated manner when patients are assessed and/or management changes made.</li> <li>• Results of all investigations will be sighted and signed electronically in a timely and safe manner. The responsibility for results relating to inpatients may be shared with the Registrar. Refer results to the Registrar or Consultant where there is uncertainty about the significance.</li> <li>• Attend the weekly educational programme of the ISU and take responsibility for a presentation when required to do so. This includes Journal Clubs, Grand Round, Morbidity and Mortality Meetings or AT&amp;R teaching.</li> <li>• In the event of the pressure of other duties leading to difficulties completing assigned work, notify the Registrar or Consultant.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>• WDHB policies are to be followed at all times.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Notes are to be written in patient charts with a problem list and management plan including recording the Consultant's opinion and management plan. All documentation should comply with WDHB documentation policy.</li> <li>• All instructions (including drugs, IV fluids and instructions for nursing) will be accurately recorded.</li> <li>• Be responsible for certifying death and completing appropriate documentation for patients who have died under their care, although this may be completed by the Registrar.</li> <li>• Obtain informed consent for procedures within the framework of the NZ Medical Council guidelines which state: <ul style="list-style-type: none"> <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 Officer 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, other), contact the RMO Support Unit or, if after hours the Duty Manager directly as well as the Consultant to which the House Officer is clinically responsible in the absent duty.</li> <li>• All RMOs working at WDHB will be provided with as DHB login and WDHB email account which will be used for all work related communication. It is the expectation that emails will be checked regularly.</li> </ul>

## Section 2: Training and Education

Nature	Details
<b>Protected Time</b>	The House Officer will attend (unless attendance is required for an emergency) the following teaching sessions:

<i>Nature</i>	<i>Details</i>
	<ul style="list-style-type: none"> <li>• PGY1 House Officer Teaching Programme – Wednesdays 1230 – 1330 or PGY 2 Teaching Programme.</li> <li>• Medical Grand Round – Tuesdays 1230 – 1330.</li> <li>• Stroke Journal Club – Mondays 0830 – 0900.</li> <li>• General Medicine Journal Club –</li> <li>• Neuroradiology Meeting – Fridays 0830 – 0900.</li> <li>• AT&amp;R Weekly Teaching – Fridays 1230 – 1330. At least once per run take responsibility for a presentation.</li> <li>• AT&amp;R Morbidity &amp; Mortality meetings every 4 weeks – Mondays 1230 – 1330.</li> <li>• Attend other educational meetings that are of interest and relevance depending on clinical commitments.</li> </ul>

### Section 3: Roster

<i>Roster</i>	
<b>Hours of Work</b>	
Ordinary Hours of Work	– Monday to Friday 0800 to 1600 hours
Long Day Ward Calls and admitting	– Monday to Sunday 0800 to 2230 hours
Night Shifts	– 2200 to 0800 hours
Weekend Short Day	– 0800-1600
Weekend Long Day	– 0800-2330
House Officers will cover ward calls for General Medicine and Medical Specialties wards.	
The House Officer will work 1:10 sets of weekend nights (Friday – Sunday).	
The House Officer will work 1-2 long days per week.	
The House Officer will work 1:3.3 weekend days (Saturday and Sunday)	

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>a.m.</b>	0800  0830 Stroke Journal Club  Daily Ward Rounds MDT huddle	0800  Daily Ward Rounds MDT huddle	0800  Daily Ward Rounds MDT huddle	0800  Daily Ward Rounds MDT huddle	0800  0830 Neuroradiology Meeting Daily Ward Rounds MDT huddle
		Grand Round	House Officer teaching		AT&R Teaching
<b>p.m.</b>	Ward related work	Ward related work	Ward related work	Ward related work	Ward related work

Note: dates and times for the sessions may change.

## Section 4: Cover

### *Other Resident and Specialist Cover*

There are three House Officers and two Registrars employed in Muriwai Ward WDHB. There will be one House Officer and one Registrar working with a specialist on each team.  
House Officers will take part in the General Medicine after-hours roster.

## 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 supervising Consultant to discuss learning objectives for the run and record these via the NZMC ePort.</li><li>• Ensure a mid-run and end-of-run review is completed via the NZMC ePort.</li><li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant.</li><li>• For additional support and advice, the House Officers should meet with their NZMC Educational Supervisors.</li></ul>	<p>The service will provide:</p> <ul style="list-style-type: none"><li>• An initial meeting between the Consultant and House Officer to discuss learning objectives for the run, review and assessment times. Record of the meeting will be entered into the NZMC ePort.</li><li>• An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Consultant responsible for them. Record of the meeting will be entered into the NZMC ePort.</li><li>• The opportunity to discuss any deficiencies identified during the attachment. The Consultant 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. This may include notifying their NZMC Educational supervisor.</li><li>• A final assessment report on the House Officer at the end of the run via the NZMC ePort.</li></ul>

## Section 6: Hours and Salary Category

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

1. As per Appendix 3: Transition Provisions – Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

<i>Average Working Hours - SToNZ Run Category (RDO's are observed)</i>		<i>Service Commitments</i>
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	- 4.57	
Rostered Additional	15.86	
All other unrostered Hours	1.68	
<b>Total Hours</b>	<b>52.97</b>	

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

Where no weekday RDOs are observed, the following run category will apply:

<i>Average Working Hours - SToNZ Run Category (not observing RDO's)</i>		<i>Service Commitments</i>
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	15.86	
All other unrostered hours	1.68	
<b>Total Hours</b>	<b>57.54</b>	

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