

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	General Surgery and Vascular Surgery (after hours)
PLACE OF WORK:	Auckland City Hospital and Greenlane Clinical Centre
RESPONSIBLE TO:	Service Clinical Director and Service Manager of General Surgery, through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Departments of General and Vascular Surgery.
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<ul style="list-style-type: none"> Clinical Duties 	<ul style="list-style-type: none"> The House Officer will assess all acute, elective and "transfer" admissions to the service by taking a history, performing a physical examination, constructing a problem list and formulating a management plan. This should take place as soon as possible after notification of the arrival of a new patient. See assigned patients on a daily basis (Monday to Friday) during rostered hours. Attend ward rounds as required by Registrar and/or Consultant. Attend Whiteboard rounds to discuss daily patient plan. Attend outpatient clinics as rostered or as required. Participates in weekly Pre-admission clinics as required by the Consultant. House Officers may be required to attend handover meeting, do ward rounds, admissions, discharges and to provide patient care for those patients admitted to General Surgery and the Acute Surgical Unit. Attends and participates in any Multidisciplinary Team Meeting or Radiology

Area	Responsibilities
	<p>Conference scheduled for the surgical team.</p> <ul style="list-style-type: none"> • Attend Operating Room as required by Registrar and/or Consultant unless there are conflicting ward or acute tasks. • Implement treatment of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Registrar and/or Consultant. • Prescribe medications and fluids as directed by the Registrar and/or Consultant. • Follow Departmental or Unit guidelines and protocols that may exist. • Perform required procedures as directed by Registrar and/or Consultant within the limits of training and ability. • Liaise with other staff members, departments and General Practitioners in the management of their patients. • Review patients transferred back from DCCM and provide written documentation of problems and management changes. This should be done as soon as possible after notification of the arrival of the patient in the ward. • When on call duty outside ordinary hours of work, respond to requests by Nursing Staff and other members of Medical Staff to assess and treat inpatients under the care of other medical teams as detailed in the rosdofster. This will require the House Officer to prioritise tasks. Conflicts in prioritisation can be resolved by discussion with the Duty Manager and Registrar. • Clinical skills, judgement and knowledge are expected to improve during the attachment.
<ul style="list-style-type: none"> • Other Duties 	<ul style="list-style-type: none"> • Attend the Operating Room as required by the Registrar and/or Consultant; • Attend Outpatient and pre-admission clinics as required by the Registrar and/or Consultant
<ul style="list-style-type: none"> • Administration 	<ul style="list-style-type: none"> • Keep adequate and legible records in accordance with the hospital requirements and good medical practice, (daily on weekdays and whenever management changes are made). All entries should be dated, timed and signed with name, title and contact details. • Complete Admission to Discharge planners and Clinical Care Pathways currently used by the surgical team. • The use of problem lists, result flowcharts and Weekend Care Plans are encouraged. • Appropriate laboratory tests will be requested and results sighted and signed. Abnormal results will be notified to the Registrar and/or Consultant as soon as practicable. • Communicate with patients and their families about patients' illness and treatment where appropriate. • Liaise with nurses and Allied Health staff regarding investigations, management and discharge. • Participate in the Department of Surgery Audit process by assisting the Registrars in completion of the Audit forms. • On discharge, provide patients with an electronic discharge summary and if required, a prescription and follow-up appointment. • Obtain informed consent for procedures within the framework of the Medical Council

<i>Area</i>	<i>Responsibilities</i>
	<p>guidelines which state:</p> <ul style="list-style-type: none"> <li data-bbox="407 254 1393 401">• “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 data-bbox="407 422 1442 533">• “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.

Section 2: Training and Education

Nature	Details
Protected Time	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties such as acute admitting or a medical emergency)</i></p> <ul style="list-style-type: none"> • Orientation Sessions at the start of the run • Surgical Grand Round • Medical Science Lecture • Medical Grand Round • Weekly formal RMO in-service teaching sessions • Masterclass • Monthly M&M Meetings • House Officer teaching, Tuesday 1400 to 1700 hours <p>House Officers can expect an introduction by a senior staff member at the start of the run with an outline of expectations. There will be a mid run assessment and an end of run assessment by the Consultant. A report will also be provided to the NRA on completion of the run.</p>

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>The 7 General Surgery House Officers will combine with the 8 GSU/ASU House Officers, 4 Vascular Surgery House Officers and 4 relievers to provide cover for the General Surgery and Vascular Services.</p> <p>House Officers will be assigned a home team and supervisor, however are allocated to the General Surgery service as a whole, with workload reviewed daily and shared across the House Officer positions. In distributing the workload both patient safety and the safety and experience of the RMO will be considered, with the intent to smooth patient load and avoid excess work load for individuals.</p> <p>For example; If the General Surgery House Officer has a minimal patient load, with minimal tasks to complete on a given day, they may be required to assist another General Surgical team who is at capacity.</p> <p>This will not remove the need for cross cover payments where relevant situations exist.</p> <p>When rostered to work at Auckland City Hospital there will be a Registrar on site at all times and a consultant available by telephone, cell phone or telepage, on call to attend the hospital within 20 minutes.</p>

Section 4: Roster

Other Resident and Specialist Cover

Hours of Work

Ordinary Hours	Monday to Friday	0730 – 1530
Weekday Acute Call Long Day	Monday to Friday	0730 – 2230
Weekday Ward Calls	Monday to Friday	0730 – 2230
GSU Long Day	Monday to Friday	0730 – 2230
Night Duty	Monday to Sunday	2200 – 0800
Weekend Acute Call Long Day	Saturday, Sunday & Public Holidays	0800 – 2230
Weekend Ward Calls	Saturday, Sunday & Public Holidays	0800 – 2000
Post Actue Ward Round	Saturday, Sunday & Public Holidays	0730 – 1530

Each House Officer will work three or more periods of night duties during the run.

House Officers will have every alternate weekend rostered off duty.

Section 5: Performance Appraisal

<i>House Officer</i>	<i>Service</i>
<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 goals and expectations for the run, review and assessment times, and teaching. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. 	<p>The service will provide,</p> <ul style="list-style-type: none"> • An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run, review and assessment times, and teaching. • An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor. • 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; • A final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer. • For PGY1 and PGY2 House Officers, end of run meetings and assessments will be documented electronically via e-port.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
RDO Hours	-3.39	
Rostered additional hours (inc. nights, weekends & long days)	14.28	
All other unrostered hours	6.62	
Total hours per week	57.51	

Salary: The salary for this attachment is detailed at a Category C