

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Mental Health
PLACE OF WORK:	Te Whetu Tawera, Fraser MacDonald, Child Family Unit and Auckland City Hospital
RESPONSIBLE TO:	Service Clinical Director and Portfolio Performance Manager of Adult, Older Peoples Mental Health Services or CFU through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer and family/whanau, Hospital and community based healthcare workers
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	3 months

Section 1: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level; Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar or Consultant, also organise relevant investigations, ensure the results are followed up, sighted and electronically signed; Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends); Assist with arranging and co-ordinating further psychosocial assessment in consultation with the clinical team; Monitor, in conjunction with the Psychiatry Registrar, the changes in the mental state of current patients; Maintain a high standard of communication with patients, patients' families and staff; Inform registrars/consultants of the status of patients especially if there is an

Area	Responsibilities
	<p>unexpected event;</p> <ul style="list-style-type: none"> • Liase with other staff members, departments, and General Practitioners in the management of in-patients; • Communicate with patients and (as appropriate) their families about patients' illness and treatment • Prepare required paperwork on Friday prior to known or likely weekend discharges. • Attend handover, Team and departmental meetings as required.
Other Duties	<ul style="list-style-type: none"> • Assist as necessary with medical emergencies
Acute Admitting	<ul style="list-style-type: none"> • Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant; • Inform the Registrar (or in his/her absence, the Consultant) of all patients referred for admission. • Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams or services as per the attached roster.
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	<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; • Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required; • At the direction of the Service Clinical Director, assist with operational research in order to enhance the performance of the Service; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1. <i>“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.”</i> 2. <i>“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.”</i>

Section 2: Training and Education

Area	House Officer Responsibility	Service Responsibility
General	<ul style="list-style-type: none"> • Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare professionals in training assigned to their team; • May be requested to teach other health care workers. • Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc. 	<ul style="list-style-type: none"> • Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400 to 1700, and for their locators to be held on their respective home wards or by CETU during this time
Service specific	<ul style="list-style-type: none"> • Unless required for a medical emergency, the House Officer will attend and participate in unit and district based continuing education sessions, grand rounds and case presentations 	

Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>The 7 Mental Health House Officers (which includes one reliever) will combine with the 9 Older People's Health House Officers and the 14 General Medicine House Officers to provide cover between the hours of 2200 – 0800 and will work as a member of the after hours team, covering General Medicine, Medical Specialties and Mental Health (this includes Te Whetu Tawera and the Fraser MacDonald Unit) in accordance with the attached roster. There will be a handover meeting at 2200 in the Handover room at APU for all House Officers. The House Officers will work one or more period of nights during the run.</p> <p>There are 7 house officers (which includes one reliever) plus a night reliever / reliever on this run.</p> <p>The House Officers will work on rostered duty hours as per the attached roster.</p> <p>The reliever will provide relief for sleep days and rostered days off. When they are not rostered to cover these shifts they will be rostered to relief duties.</p>

Section 4: 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 5: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40.00</p> <p>RDO Hours -2.29</p> <p>Rostered additional hours (inc. nights, weekends & long days) 11.72</p> <p>All other unrostered hours 2.37</p> <p>Total hours per week 51.8</p>	<p>Together, The Service with the RMO Support Unit will be responsible for the preparation of any Rosters.</p>

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