

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Haematology, Medical Services.
PLACE OF WORK:	Counties Manukau District including Middlemore Hospital and other related sites.
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers. Hospital and community based health care workers.
PRIMARY OBJECTIVE:	To facilitate the safe and effective management of inpatients under the care of Medical Services.
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>
Clinical Duties	<ul style="list-style-type: none"> The House Officer will work in two areas of the hospital – in Ward 2 with Haematology inpatients and in the Haematology Day Ward. In Ward 2 the House Officer will work under the supervision of the Haematology Consultants and the Clinical Haematology Registrar. In the Haematology Day Ward, the House Officer will work with the staff nurses, under the supervision of the Haematology Registrar and the Consultant in charge of the Haematology Day Ward. <p><u>Haematology Inpatients:</u></p> <ul style="list-style-type: none"> Ward 2 has 30 beds and approximately 6-10 of these are filled at any time with Haematology patients. The House Officer is responsible for daily rounds on these patients. Formal ward rounds currently occur in Ward 2 at 0900 on Monday, Wednesday, and Friday mornings or 1400 in the afternoon depending on the Consultant's timetable. On the other days the House Officer should see the patients, usually in conjunction with the Haematology Registrar. The House Officer is responsible for admitting patients to the Haematology Ward during the hours of attachment, and maintaining a high and legible standard of medical records. Clearly written and up to date medication charts are a priority. The House Officer is primarily responsible for arranging all investigations, tabulating the results and acting on any urgent result that needs action. Abnormal results (especially positive blood cultures) should be shown to the Registrar or Consultant.

Area	Responsibilities
	<ul style="list-style-type: none"> • The House Officer will attend ward rounds and will actively participate in the management of patients, following Consultant and Registrar advice and when neither of these is available on site seeing patients and seeking assistance as appropriate. The House Officer is expected to liaise with the other health professionals in the unit to ensure co-ordinated care to the patients. This may include meeting each morning with the Charge Nurse. • The House Officer should also have an overall understanding of the patients' progress, facilitating prompt and efficient ward rounds and hospital admissions. The House Officer should hand over any clinical problems to an appropriate medical officer prior to leaving the hospital and discuss any major changes of therapies, including antibiotics, with a Haematologist or the haematology registrar. • The House Officer will complete a comprehensive Electronic Discharge Summary (EDS) on inpatients with a copy given to the patient with any other necessary papers and prescriptions. Discharge summaries must include current medication therapy, follow up appointment details, and each patient should have an ongoing laboratory form with the applicable code to monitor their haematological problem as appropriate, with a copy given to the GP. Patients should be given advice regarding how to contact medical help urgently if immunosuppressed and they develop signs of infection or a fever (neutropenic letter), and/or if at risk of bleeding (coagulation letter). Where early GP follow up is anticipated or the case is complicated the House Officer should ensure the GP is updated by telephone. • The House Officer may be required to assist with admitting acutely unwell patients from the Emergency Department. <p><u>Haematology Day Ward:</u></p> <p>The House Officer is expected to provide medical cover for the haematology day ward if the registrar is unavailable. He/she will be required to assist the day ward registrar with the following activities:</p> <ul style="list-style-type: none"> • Provision of scripts to patients • Admission of acutely unwell patients to the ward from day ward • Reviewing acutely unwell patients when the registrar is not available • Reviewing patients requiring assessment pre-chemotherapy when the registrar is not available. • Completion of documentation relating to the day ward – this is primarily the on-line chemotherapy record. <p>Duties to be carried out in the Day Ward include:</p> <ol style="list-style-type: none"> 1) A quick assessment of the patient from the point of view of the: <ol style="list-style-type: none"> a. Safety of any prescribed treatment, especially chemotherapy and transfusions. b. Prescription of standard premeds for transfusion. c. Assessment of their current disease status, eg size of lymph nodes, liver, spleen - this is particularly important for those patients who are coming frequently to the day ward and are not being seen regularly in Outpatients. d. Investigation and treatment of infections and acute problems. 2) Request appropriate investigations, especially blood tests, microbiological cultures and x-rays. 3) Assist the nursing staff to insert intravenous lines for those receiving intravenous therapy - ideally this should be done in most cases using an 18 or 21 gauge butterfly needle.

Area	Responsibilities
	<p>4) Prescribe medications as required, particularly antihistamine and hydrocortisone as a prophylaxis for blood transfusions, anti-emetics and sedatives for patients receiving chemotherapy, frusemide for those receiving blood transfusions and other drugs that might be appropriate, eg when the prescription for a regular drug such as hydroxyurea runs out before the next clinic appointment. One of the haematology consultants must double check any chemotherapy prescriptions for outpatients, and any intravenous cytotoxics should be prescribed, or checked, by a more senior doctor.</p> <p>5) Write hand written referrals for patients who need to be referred to other services and make appropriate phone calls when necessary.</p> <p>6) Check the results of the above investigations, either later the same day or during the next day when on call in the day ward.</p> <p>7) Participate in the counselling of patients and their families with respect to their diseases (which are often life-threatening) and the treatments that are being prescribed, some of which potentially have serious side effects.</p> <p>8) Ensure adequate pain relief when appropriate, with referral to the Palliative Care Team, when necessary.</p> <ul style="list-style-type: none"> • The House Officer will read and note the Medical Standard Operating Procedure Manuals and follow other protocols relating to the work of the Department of Haematology, especially that for antibiotic therapy in immunosuppressed patients. • The House Officer is also responsible for submitting a prepared list to the haematology secretary by 1500 hrs on Thursday for the weekly Radiology Conference held at 1030 on Mondays. • The House Officer will maintain a high standard of communication with patients, patients' families and staff. The House Officer will confer at all times with other clinical team members regarding discharge planning and progress of patients. • The House Officer will work with one of the two General Medicine Registrars on the ward to admit both General Medicine patients and Subspecialty patients (Haematology, Diabetes) to the ward when rostered on call. The House Officer is also expected to perform ward calls on patients in their ward if on for General Medicine but across 3 wards if on call in the evening with the Subspecialty Registrar. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • Opportunities for gaining additional experience in Haematology Medicine will be available. • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, daily on weekdays, on Consultant ward rounds and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • Appropriate laboratory tests will be requested and results sighted and signed, and reported to the Registrar and/or Consultant if abnormal. A list will be prepared for the Radiology Department 24 hours in advance of the weekly team x-ray conference. Referrals will be made at the Consultant's request to other specialists/units, clearly stating the problem to be addressed. House Officers will attend and present patients at the weekly ward meeting. • Discharge documentation should be completed prior to the patient being discharged. Patients will receive a copy of the comprehensive Electronic Discharge Summary (EDS), a prescription, and follow up appointment if required.

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	<ul style="list-style-type: none"> • The House Officer may, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care. • The House Officer is expected to attend the Haematology Department weekly multidisciplinary meeting and the Division of Medicine's weekly clinical meeting. There is mandatory attendance at the monthly Mortality Review Meeting. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <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." • 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 registrar is clinically responsible in the absent duty. • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0900 Ward Round 1030 Xray Conference	0800 – Ward Round	0800 - Ward Round	0800 – Ward Round 1200: List to Haematology secretary for X-ray conference	0800 Ward Round 1100 Morphology teaching in laboratory
p.m.		1330 MDM 1430 Academic Meeting		12.15 – Medical Grand Round	

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

Other teaching is available depending on the sub-speciality of interest. Please refer to the intranet (Paanui) for days and times.

Education

There will be a minimum of 3 hours educational sessions per week including medical ward rounds, the Tuesday afternoon academic session, and morphology teaching in the laboratory on Friday morning. Occasionally, urgent medical commitments may interrupt these meetings.

Research

It is not anticipated that the House Officer will be involved directly in any research, but they may need to be involved in clinical documentation eg physical examinations on some patients who may be currently in clinical trials, or in clinical audit and other quality activities.

Section 3: Roster

Roster

- Up to 4 long days in 4 weeks Monday to Friday 0800-2230
- 1 in 4 weekends 1x 0800-2230, 1 x 0800-1600
- Up to 14 nights in 13 weeks * 2200-0800
- Monday to Friday 0800-1600

Nights

There will be a consistent workload for minimum staffing levels of 3 House Officers rostered to night duty to cover for General Medicine, Medical Specialties, AT&R and Mental Health Services.

Weekday Long Days

There will be a consistent workload for minimum staffing levels of 8 House Officers rostered to weekday long days (Monday-Friday).

Weekends

A consistent workload for minimum staffing levels of 6 House Officers rostered to weekend long and short days Saturday and Sunday. This is inclusive of the medical specialty house officer weekend long and short days.

Please note – within the published roster/roster template there are additional long days and weekends rostered. This is to provide buffer for both planned and un-planned leave and these shifts are over and above the minimum staffing levels outlined above. Cross cover payments would not apply where the additional/buffer shifts are not filled as these shifts are above minimum staffing levels. House Officers will be assigned a home team and supervisor, however are allocated to the Medicine service as a whole, with workload reviewed regularly and shared across the division.

During an after hours shift, the participants on this run will contribute to an after hours team. The House Officers will work generically across General Surgery, Orthopaedics, Plastic Surgery, General Medicine, Medical Specialties and Mental Health Services over this time, however will work in their designated service wherever possible. House Officers will assist with admitting when ward duties are complete.

*First year house surgeons (class 1 and 2 probationers) shall not do night shifts in first six months of employment, unless they have completed a general medical run in which circumstance they will not be rostered onto nights for the first three months of employment.

Section 4: Cover

Other Resident and Specialist Cover

From 8am to 8pm Monday to Friday a supervising Consultant is based in Medical Assessment Unit. The on-call Consultant is available to come back to the hospital if required from 4pm to 8am the following day.

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 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 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:

- 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
- There are week day RDOs as part of the roster

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

Average Working Hours - STONZ Run Category (RDO's are observed)	Service Commitments										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Ordinary Hours (Mon-Fri)</td> <td style="text-align: right;">40</td> </tr> <tr> <td>RDO Hours</td> <td style="text-align: right;">-3.81</td> </tr> <tr> <td>Rostered Additional (inc. nights, weekends & long days)</td> <td style="text-align: right;">16.47</td> </tr> <tr> <td>All other unrostered Hours To be confirmed by run review</td> <td style="text-align: right;">1.77</td> </tr> <tr> <td>Total Hours</td> <td style="text-align: right;">54.26</td> </tr> </table>	Ordinary Hours (Mon-Fri)	40	RDO Hours	-3.81	Rostered Additional (inc. nights, weekends & long days)	16.47	All other unrostered Hours To be confirmed by run review	1.77	Total Hours	54.26	<p>The Service, together with the RMO Support will be responsible for the preparation of any Rosters.</p>
Ordinary Hours (Mon-Fri)	40										
RDO Hours	-3.81										
Rostered Additional (inc. nights, weekends & long days)	16.47										
All other unrostered Hours To be confirmed by run review	1.77										
Total Hours	54.26										

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:

Average Working Hours - SToNZ Run Category (RDO's are worked)	Service Commitments
Ordinary Hours 40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional (inc. nights, weekends & long days) 16.47	
All other unrostered hours To be confirmed by run review 1.77	
Total Hours 58.24	

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