RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Renal Medicine, Medical Services.
PLACE OF WORK:	Counties Manukau District d 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 Department of Renal Medicine, 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

Area	*Responsibilities*
Clinical Duties	• The House Officer will work under the supervision of the ward and outlier Renal Registrar and the Renal Physicians. • The House Officer will attend ward rounds and 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 the required level of coordinated care to patients. This may include meeting each morning with the Charge Nurse of their unit. House Officers are expected to ensure their patients are safely and efficiently handed over. • 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. • Ward 1 AMC has on average 20 renal patients. The House Officer is responsible for end of day rounds on all renal patients under the care of the Renal Physicians in Ward 1, ICU and other specialist units and as directed by the Renal Registrar. Special attention should be given to the stability of post-operative patients, renal biopsy patients or patients who have undergone arteriography. Detection of complications and the checking of post operative potassiums is most important. Any concern should be relayed immediately to the registrar or consultant on call. • •

Area	*Responsibilities*
	• The House Officer is responsible for admission of patients to the renal ward during their hours of attachment and for maintaining a high standard of legible.
	• medical records, particularly an up-to-date acute problem list. Correctly entered and up-to-date medication charts are also a priority. The House Officer is primarily responsible for arranging all investigations on renal patients and tabulating the results. The House Officer should have an overall understanding of the patient's progress, facilitating prompt and efficient ward rounds and hospital admissions. • The House Officer is required to read and note the medical standard operating procedure manuals and to comply with the other protocols relating to the work of the Department of Renal Medicine. • Occasionally, if the Renal Registrar is off sick or otherwise absent, the House Officer may be asked to perform further duties to aid the smooth running of the department including: dictated discharge summaries; assisting at the dialysis unit and clinically reviewing patients who may present acutely as out-patients; assessing dialysis patients who may present acutely to the Emergency Department; assisting at outpatient clinics; and completing mortality audit forms. • At weekends during the day when rostered on call the House Officer is to assist in the Renal Ward 0800-1100 hrs. From 1100 – 1600 hrs the House Officer is expected to perform general AT&R duties (including admissions to the unit under the direction of the SMO on call), CCU/SDU and Ward 1 duties. • Although primarily the responsibility of the Renal Registrar, the house officer may have the opportunity of gaining additional experience particularly in the insertion or removal of haemo-dialysis catheters. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.
Administration	• 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. Medication changes must be updated and documented accurately in the Renal Database (Clinicalvision™) for pre-dialysis, dialysis and transaplant patients 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, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care. The content of the death certificate must be discussed with one of the above prior to completion. It is the policy of the department that autopsies are requested when appropriate. • The House Officer is expected to attend departmental Mortality and Morbidity review meeting, Renal Journal Club, Orientation and Quality Assurance Meetings

Area	*Responsibilities*
	(unless on urgent clinical duties). • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: 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 House Officer 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.	0800 – Renal Handover	1130 – House Officer teaching (first 4 weeks)* 1145 – Radiology Conference		0800 – Renal Handover 1145 – General Medicine Journal Club	0800 – Renal Handover
p.m.	1215 – SACS Lecture Series (every 4th week)*	1300 – PGY teaching* Monthly M&M meeting Monthly renal biopsy meeting		12.15 – Medical Grand Round	1300 – Renal CME*

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

Sessions marked with a * are included in the protected teaching time.

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 which will include medical ward rounds and the weekly house officer teaching session. Occasionally, urgent medical commitments may interrupt these meetings.

Education
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 divison. 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-callConsultant is available to come back to the hospital if required from 4pm to 8am the following day.

Section 5: Performance appraisal

House Officer	*Service*
The House Officer will: • 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.	The service will ensure: • 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.

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:

Average Working Hours - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours (Mon-Fri)	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-3.81	
Rostered Additional (inc. nights, weekends & long days)	16.47	
All other unrostered Hours To be confirmed by run review	5	
Total Hours	**57.66**	

Salary: The salary for this attachment will be detailed as a **Category C** 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	5	
Total Hours	**61.47**	

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