

RUN DESCRIPTION

POSITION:	House Officer (Ward 2)
DEPARTMENT:	General Medicine / Cardiology, 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 management of inpatients under the care of Cardiology and General 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

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> The House Officer will attend acute and elective admissions to the Department, write clear admitting notes, construct a problem list and request basic investigations. The House Officer will attend ward rounds when rostered on duty under the supervision of the team SMO and Registrar and will actively participate in the management of patients, following Consultant and Registrar advice. The House Officer is encouraged to perform at least one ward round per week on his/her own, reporting any concerns to the Registrar at the conclusion of the round. (This should occur at least when the Registrar attends a morning clinic.) 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 with other clinical team members regarding discharge planning and progress of patients. The House Officer will attend evening acute admitting and ward call duties according to the roster, approximately one evening per week. The House Officer will participate in the night cover roster (within limits for first year House Officers prescribed by the Medical Council).

Area	Responsibilities
	<ul style="list-style-type: none"> • 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 (Cardiology, Rheumatology) 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. • The role may involve supervision of treadmill tests. • Opportunities for gaining additional Cardiology experience 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 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. 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 House Officer is expected to attend the Division of Medicine's weekly clinical meeting. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • 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 Clinical Portal 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 – Medical Handover	0800 – Cardiology journal club	0800 – Medical Handover	0800 – Medical Handover, Cardiology quality meeting/M and M	0800 – Medical Handover/Cardiology handover meeting
p.m.	1215 – SACS Lecture Series (every 4th week)	1400 – House Officer Teaching		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.

<i>Education</i>
There will be a minimum of 3 hours educational sessions per week including medical ward rounds and the weekly House Officer teaching session. Occasionally, urgent medical commitments may interrupt these meetings.
<i>Research</i>
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.

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	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional (inc. nights, weekends & long days)	
All other unrostered hours To be confirmed by a run review	
Total Hours	

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