

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer (CCU/Rheumatology)
<b>DEPARTMENT:</b>	Rheumatology, Cardiology - General Medicine Medical Services.
<b>PLACE OF WORK:</b>	Counties Manukau District including Middlemore Hospital and other related sites.
<b>RESPONSIBLE TO:</b>	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers. Hospital and community based health care workers.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of inpatients under the care of the Departments of Cardiology and Rheumatology, Medical Services.
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
<b>RUN PERIOD:</b>	13 weeks

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties - CCU</b>	<ul style="list-style-type: none"> <li>The House Officer will attend acute and elective admissions to the designated cardiology beds on Coronary Care Unit (CCU) and Step Down Unit (SDU), write clear admitting notes, construct a problem list, and request basic investigations.</li> <li>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 expected to liaise with the other health professionals in the unit to ensure the required level of co-ordinated care to the 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.</li> <li>Opportunities for gaining additional cardiology experience will be available.</li> <li>Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> <li>The role will involve supervision of treadmill tests.</li> </ul>
<b>Clinical Duties – Rheumatology</b>	<ul style="list-style-type: none"> <li>The House Officer will work under the supervision of the Rheumatology Registrar and the Rheumatology Consultant Physician.</li> <li>There are on average three to five Rheumatology patients at any one time. The House Officer is responsible for Rheumatology patients in the wards, and specialist units and as directed by the Rheumatology Registrar. Any concern should be relayed immediately to the Registrar or Consultant on call.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• The House Officer is responsible for admission of Rheumatology patients to the wards during their hours of attachment and for maintaining a high standard of legible medical records, particularly an up-to-date acute problem list. Clearly written and up-to-date medication charts are also a priority. The House Officer is primarily responsible for arranging all investigations on Rheumatology patients and accepting 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 responsible for completing a comprehensive Electronic Discharge Summary at the time of patient discharge, a copy of which is given to the patient together with other documents, including prescriptions. Discharge summaries are to include current medication therapy, follow-up appointment details and, if applicable, community laboratory requests to monitor slow acting anti-rheumatic drugs (SAARDs).</li> <li>• Occasionally, if the Rheumatology 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 and clinically reviewing patients who may present acutely as out-patients; assessing chronic rheumatology patients who may present acutely to the Emergency Department. Although primarily the responsibility of the Rheumatology Registrar, the House Officer may have the opportunity of gaining additional experience particularly in procedures such as joint aspiration and injection.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Legible notes will be written in patient charts on assessment / admission, daily on weekdays, on Consultant ward rounds and whenever management changes are made.</li> <li>• All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed.</li> <li>• 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.</li> <li>• 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.</li> <li>• The House Officer may, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care.</li> <li>• 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).</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>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."</li> <li>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."</li> </ol> </li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>

## Section 2: Training and Education

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>a.m.</b>	0800 – Medical Handover	0800 – Cardiology journal club  1145 – Radiology Conference	0800 – Medical Handover	0800 – Medical Handover/ Cardiology quality meeting/M and M 10.30 Rheumatology X-ray conference	0800 – Medical Handover
<b>p.m.</b>	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 house officers will be directly involved in 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

<i>Roster</i>
<ul style="list-style-type: none"> <li>• Up to 4 long days in 4 weeks Monday to Friday 0800-2230</li> <li>• 1 in 4 weekends 1x 0800-2230, 1 x 0800-1600</li> <li>• Up to 14 nights in 13 weeks * 2200-0800</li> <li>• Monday to Friday 0800-1600</li> </ul> <p><b>Nights</b></p> <p>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&amp;R and Mental Health Services.</p> <p><b>Weekday Long Days</b></p> <p>There will be a consistent workload for minimum staffing levels of 8 House Officers rostered to weekday long days (Monday-Friday).</p> <p><b>Weekends</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>*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.</p>

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>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</p>

### Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• At the outset of the run meet with their designated Clinical supervisor to discuss their learning objectives and expectations for the run, review</li> </ul>	<p>The service will ensure:</p> <ul style="list-style-type: none"> <li>• 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;</li> </ul>

<i>House Officer</i>	<i>Service</i>
<p>and assessment times, and one on one teaching time.</p> <ul style="list-style-type: none"> <li>After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.</li> </ul>	<ul style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>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.</li> <li>For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any Rosters.
RDO Hours	-3.81	
Rostered additional hours (inc. nights, weekends & long days)	16.47	
All other unrostered hours To be confirmed by a run review	TBC	
Total hours per week	52.66	

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

Total hours is above the middle of the salary band, therefore the run will be remunerated as a C run category until the unrostered hours can be confirmed by a run review.