RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Gastroenterology/ General Medicine, 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 safe and effective clinical management of patients under the care of the 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 in two areas of the hospital – Gastroenterology, the Endoscopy /Outpatient Unit and inpatients. In the Endoscopy Unit, the House Officer will work with the staff nurses, under the supervision of the Registrar and the Consultants in the Endoscopy Unit. In the inpatient wards the House Officer will work under the supervision of the Consultants and will be assisted by the Gastroenterology and Medical Registrars. <u>Inpatients:</u> • The House Officer is responsible for daily rounds on these patients. Formal ward rounds currently occur depending on the Consultant's timetable. On the other days the House Officer should see the patients alone, or in conjunction with the Registrar. • 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 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 is responsible for admitting patients to the department 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. 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 Registrar or a more senior doctor. <u>Endoscopy /Outpatient Unit:</u> • There may be occasions when House Officer input is required in the day stay unit and clinic - these requirements will be fitted in with other duties, as necessary. • Duties to be carried out in the Endoscopy /Outpatient Unit include: 1) A quick assessment of the patient from the point of view of the: – Current health status, eg - this is particularly important for elderly patients presenting for invasive procedures. – Indication and appropriateness of any planned procedure – Current medication eg. was Aspirin/warfarin stopped – Informed consent for procedure – Arrange for prophylactic antibiotics if indicated prior to procedure 2) Prescribe appropriate medication post procedure as requested. 3) Admit patients following a procedure if indicated. 4) Assess, under supervision, outpatients with acute problems that may require admission. 5) Review, under supervision, as an outpatient, patients recently discharged from the ward 6) Write hand written referrals for patients who need to be referred to other services and make appropriate phone calls when necessary.

Area	*Responsibilities*
	7) Check the results of the above investigations, either later the same day or during the next day when on call in the day ward. <u>General:</u> • 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 (Gastroenterology) 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. • Opportunities for additional Gastroenterology Medicine experience will be available. • 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 off on web e-clair, and reported to the Registrar and/or Consultant if abnormal. A list of patients for the weekly Monday lunchtime Radiology/Histology conference will be collated by the end of Wednesday (preceding week) and forwarded to the appropriate personnel. • 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 in most circumstances. 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 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 the weekly Medical Division 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: 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

Area	*Responsibilities*
	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.	0800 – Medical Handover	0800 – Medical Handover 1145 – Radiology Conference	0800 – Medical Handover	0800 – Medical Handover 1145 – General Medicine Journal Club	0800 – Medical Handover
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.

Education
There will be a minimum of 3 hours educational sessions per week including medical ward rounds, Monday lunchtime Gastroenterology/Surgery/Radiology conference, and Monday afternoon teaching sessions. 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
Hours of Work • 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-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	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

House Officer	*Service*
consultation with their Clinical Supervisor.	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

Average Working Hours		*Service Commitments*
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 is detailed to be a Category C run.

Total hours fall 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.