

RUN DESCRIPTION

POSITION:	Senior House Officer
DEPARTMENT:	Paediatric Intensive Care Unit
PLACE OF WORK:	Auckland City Hospital, Te Toka Tumai
RESPONSIBLE TO:	Overall responsible to the Service Clinical Director, PICU Responsible to the Duty Intensivist for the performance of day-to-day clinical duties
FUNCTIONAL RELATIONSHIPS:	PICU patients, Intensivists, nurses and allied health staff Starship Children Hospital's patients and healthcare workers outside of PICU
PRIMARY OBJECTIVE:	To facilitate the management of infants, children and their whanau under the care of the Paediatric Intensive Care Unit
RUN RECOGNITION:	This run is recognised by the Australian and New Zealand College of Intensive Care Medicine as foundation time to enter Intensive Care Medicine Training
RUN PERIOD:	6 month rotations

Section 1: Senior House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Patient Care and Service Delivery	<ul style="list-style-type: none"> • Caring for patients already in PICU and admitting children who come directly to PICU. • Presentation of children at ward rounds and handovers. • Attend team and departmental meetings as required • Patient medical care planning in conjunction with the Duty Intensivist. • Ensuring that the 'plans of the day' are arranged and completed and that that the results of investigations are written up on the charts. • General clinical duties-assessing patients, responding to nursing queries and concerns, meeting with visiting teams and coordinating care for the child. • Keeping the duty Intensivist and/or supervising registrars updated with changes in patients conditions. • Monitor and review management plans in accordance with changes in the clinical condition of patients • Assist the Registrars with duties as able • Maintain a high standard of communication with the multidisciplinary team, children and their' whanau • Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to that patient. This requires an understanding of Māori health goals and working in accordance with the principles of Te Tiriti o Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples.

<i>Area</i>	<i>Responsibilities</i>
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the clinical record • Maintain a satisfactory standard of documentation of the child's admission, progress, significant events, and transfer or discharge in the clinical record • Be responsible for certifying death and completing appropriate documentation, ACC forms (including treatment injury) • Obtain informed consent for procedures within the framework of the Medical Council guidelines • Assist with research and audit • Contribute to the PICU teaching programme

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Orientation	<ul style="list-style-type: none"> • Access to the PICU House Officer Information Handbook will be provided prior to commencing the run • For the first 2 weeks, the SHO will have a registrar buddy each day that they are rostered to work • They will attend orientation for the first 2 days of their rotation, followed by attending a more comprehensive orientation with the new registrars including credentialing in week 3 • They will be allocated a training supervisor and mentor for the duration of the rotation
Education	<ul style="list-style-type: none"> • A weekly PICU medical education session including is held on Thursday afternoon 1400 – 1600h, this is protected teaching time • Formal radiology meetings occur Monday, Wednesday and Friday 1400-1500. • PICU Morbidity and Mortality Review meetings monthly • Daily bedside teaching from Intensivists and Fellows on ward rounds • Monthly ethics meetings • The SHO is expected to contribute to the education of nursing, technical staff and medical staff and students when requested, such as case presentations for learning purposes. • Protected training time of 2 hours per week will be allocated for CPE, professional self-development, medical learning and to attend teaching sessions with the training supervisor, and relevant teaching rounds.

Section 3: Roster

Roster template							
Hours of Work							
Day shifts (D)		0730– 1700					
Night shifts (E)		1400– 2200					
	M	T	W	T	F	Sa	Su
1	D	D	D	D	D		
2	E	E	E			E	E
3			D	D	D		
4	E	E	E	E	E		
5	D	D	D			D	D
6			E	E	E		

Section 4: Cover:

Other Resident and Specialist Cover
<ul style="list-style-type: none"> Specialist intensivists provide 24 hour 7 day cover on a rostered system. A Duty Intensivist is either at the work place or immediately available by phone and able to return to the hospital immediately on receipt of a call. There is a second intensivist rostered as backup in case of emergency or difficulty accessing the Duty Intensivist. A Fellow in Critical Care Medicine also works in a junior specialist capacity. There will always be ICU registrars on site and available for direct supervision. The SHO will apply for leave as soon as possible, there will be no cover for leave as the SHO job is supernumerary in nature from a clinical care perspective. Duties will be covered by the registrars, fellows and Intensivists while on leave.

Section 5: Performance appraisal

<i>SHO</i>	<i>Service</i>
<p>The SHO will:</p> <ul style="list-style-type: none"> • At the outset of the run meet with their Clinical Supervisor to discuss to discuss their learning objectives and expectations for the run, review and assessment times, and one on one teaching time; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor and the other intensivists 	<p>The service will provide:</p> <ul style="list-style-type: none"> • An initial meeting between the Clinical Supervisor and the SHO to discuss learning objectives and expectations for the run, review and assessment times, and one on one teaching time • An interim meeting and assessment report for the SHO approximately three months 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 a plan of action to correct them; • An end of run meeting and final assessment report for the SHO, a copy of which is to be sighted and signed by the SHO • A mentor will be assigned to allow another means of communication and advocacy • Any required MCNZ or other paperwork will be completed by the Clinical Supervisor • Escalate any concerns to the PES (prevocational educational supervisor) or DCT (Director of clinical training) in a timely way

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic Hours (Mon-Fri)	37.90	The PICU will be responsible for preparation of the SHO roster
Unrostered hours	0.00	
<i>To be confirmed by a run review</i>		
	37.90	
Total hours per week		

Salary: The salary for this attachment is estimated to be a category **F** (paid a minimum of a **C**).