Health New Zealand
Te Whatu Ora

RUN DESCRIPTION

POSITION:	**Senior House Officer**
DEPARTMENT:	**Department of Critical Care Medicine**
PLACE OF WORK:	Auckland City Hospital, Te Toka Tumai
RESPONSIBLE TO:	Overall responsible to the Service Clinical Director, DCCM Responsible to the Duty Intensivist for the performance of day-to-day clinical duties
FUNCTIONAL RELATIONSHIPS:	DCCM patients, Intensivists, nurses and ancillary staff Auckland City Hospital patients and healthcare workers outside of DCCM
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Department of Critical Care Medicine
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

Area	*Responsibilities*
Patient Care and Service Delivery	• Caring for patients already in the DCCM and admitting patients who come directly to the DCCM. • Presentation of patients 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 patient • Keeping the duty Intensivist and/or supervising registrars updated with changes in patients conditions. • Assist the Registrars with duties as able • Maintain a high standard of communication with the multidisciplinary team, patients and patients' whānau
Administration	• Maintain a satisfactory standard of documentation of patient care orders • Maintain a satisfactory standard of documentation of patient admission, progress, significant events, and transfer or discharge in the clinical record

Area	*Responsibilities*
	• 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 DCCM teaching programme

Section 2: Training and Education

Nature	*Details*
Orientation	• Access to the DCCM Handbook for RMOs 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 with the registrars for the first 2 days of week 3 of their rotation, followed by credentialling on the afternoon of the 3rd day. • They will be allocated a training supervisor and mentor for the duration of the rotation
Education	• A weekly DCCM medical education session is held on Tuesday afternoon 1330 – 1530hr • Weekly hot case practice for CICM part 2 preparation is held on Monday afternoon 1330-1530hr and can be observed with consent of part 2 candidates and patients/whānau • DCCM Morbidity and Mortality Review meetings and journal club (approx.every 5 weeks for each) • Daily bedside teaching from Intensivists and Fellows on ward rounds • “Clinical Pearls” teaching by SMOs at 2pm on Monday/Wednesday/Friday • “Hot Sim” MDT teaching on Thursdays at 2pm • The SHO is expected to contribute to the education of nursing, technical staff and medical staff and students when requested

Section 3: Roster

Roster template
Hours of Work Day shifts (D) 0800 – 1700 Evening shifts (E) 1330 – 2200   

Section 4: Cover:

Other Resident and Specialist Cover
• 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 • 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, nurse practitioners and Intensivists while on leave.

Section 5: Performance appraisal

SHO	*Service*
The SHO will: • At the outset of the run meet with their Supervisor of Training (SOT) to discuss goals and expectations for the run • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their SOT and the other intensivists	**The service will provide:** • A Supervisor of Training (SOT) to discuss goals and expectations for the run • An interim assessment for the SHO approximately three months into the run • The opportunity to discuss any deficiencies identified during the attachment • A final assessment report on the SHO at the end of the run, 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

SHO	*Service*
	• Any required MCNZ or other paperwork will be completed by the SOT

Section 6: Hours and Salary Category

Average Working Hours		*Service Commitments*
Basic Hours (Mon-Fri)	37.90	The DCCM will be responsible for preparation of the SHO roster
Unrostered hours *Run review completed May 2025*	0.00	
Total hours per week	37.90	

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