



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

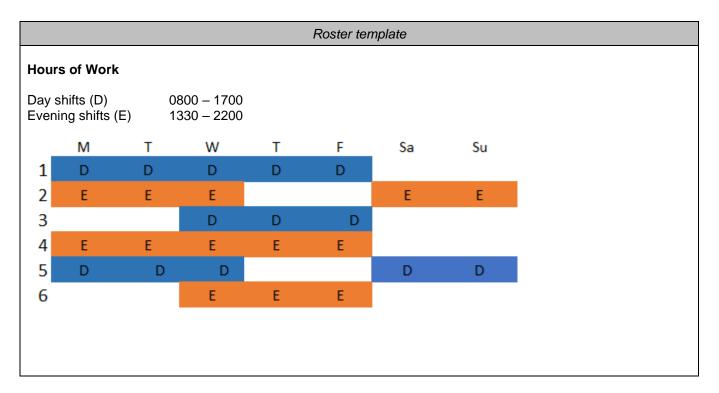
Area	Responsibilities			
Patient Care and Service	 Caring for patients already in the DCCM and admitting patients who come directly to the DCCM. 			
Delivery	 Presentation of patients at ward rounds and handovers. 			
	Attend team and departmental meetings as required			
	Patient medical care planning 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



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:	The service will provide:
 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 	 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**).