

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

<i>Area</i>	<i>Responsibilities</i>
Patient Care and Service Delivery	<ul style="list-style-type: none"> • 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 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	<ul style="list-style-type: none"> • 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

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

<i>Nature</i>	<i>Details</i>
Orientation	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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					
	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 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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

<i>SHO</i>	<i>Service</i>
	<ul style="list-style-type: none"> Any required MCNZ or other paperwork will be completed by the SOT

Section 6: Hours and Salary Category

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