

ECC HOUSE OFFICER RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Emergency Medicine
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director and Unit Manager of Emergency Medicine, through a nominated Consultant.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based healthcare workers
RUN RECOGNITION:	This run is recognised by the New Zealand Medical Council as a Category C run, however the post is not available to first year House Officers
RUN PERIOD:	3 months

Section 1: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> Hours of duty are allocated according to a rostered shift system which is under the conditions specified in MECA (a) To be responsible for the day to day management of Emergency Department patients in conjunction with the Senior Medical Officer on duty. (b) To Consult at all times with the Senior Medical Officer on duty regarding cases for which he/ she is responsible. Through the hours rostered to be available to respond immediately to nursing staff/ supervising medical staff requests to see patients urgently in the department. To see patients through-out the shift up until 30 minutes prior to the end of the shift. During the final 30 minutes ensure all patients under their care are appropriately discharged or presented for discussion at the medical staff shift handover meeting. The H/Officer shall be responsible for the appropriate “handing-over” (transfer or management) of all patients under their care to a doctors on the next shift. Clinical skills, judgement and relevant knowledge are expected to the level of experience, however, there is an expectation to improve one’s skills as the run progresses.

Emergency House Officer run description, Updated 12 April 2010

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Area	Responsibilities
Administration	<ul style="list-style-type: none"> • Complete the ED clinical notes including attendance time and documentation of treatment, medications, referrals, and results of consultation with senior staff (including their name). • Complete all the DHB mandated IT related patient clinical information. • Write appropriate and legible clinical notes and, in addition, complete an electronic 'Clinical Summary' which will be emailed to the patient's GP as well as a printed copy given to the patient. Also, if appropriate, printed patient advice sheets will be explained and provide to the patient at discharge. • Attend to additional clerical matters to do with patients such as laboratory reports, complete Accident Compensation Certificates and when required to write a report for outside agencies on a particular patient e.g. Police, insurance companies. • Where appropriate, the House Officer will provide a prescription for medication and/or relevant certificate regarding work fitness. • The House Officer is responsible for the completion of relevant ACC documentation. • All medical-legal administrative activities will be carried out in consultation with the Clinical Leader or Clinical Director. • Follow up on all abnormal diagnostic results appropriately. • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> 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 the House Officer 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 Duty Manager directly as well as the Consultant to which the House Officer is clinically responsible in the absent duty. • As an House Officer working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.
Education	Professional development of a House Officer's skills and knowledge should occur during the run. All House Officers must attend their departmental meetings. The House Officer

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<i>Area</i>	<i>Responsibilities</i>
	<p>will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <ul style="list-style-type: none"> • Attend the weekly Emergency Medicine CME teaching session in ED when rostered to do so. • In the Department clinical teaching by the Senior Medical Officer will be available on a case by case basis workload permitting.
Performance	<ul style="list-style-type: none"> • Performance will be assessed by the Director of Emergency Medicine Training (DEMT) based on input from senior medical staff and registrars of the department and a report forwarded to the hospital RMO Supervisor after discussion with the House Officer. • An orientation session, a verbal mid run assessment, and a final written assessment will be undertaken. • If deficiencies are identified during the attachment the DEMT will bring these to the House Officer attention and discuss how they may be addressed.

Section 2: Performance Appraisal

<i>Area</i>	<i>Responsibilities</i>
<p>The House Officer should meet with their team Consultant to discuss learning objectives at the commencement of the run using the Medical Council Form RP1.</p> <p>The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified, the Consultant will identify these with the House Officer who should implement a corrective plan of action under the advice of their Consultant.</p> <p>The House Officer should ensure they meet with their consultant at the end of run to complete the RP2.</p> <p>For additional support and advice the House Officers should discuss with their Intern Supervisor.</p>	<p>The team Consultant to whom the House Officer is attached will assess the performance of the House Officer and complete and forward a report to the Intern Supervisor, after discussion with the House Officer.</p> <p>The team Consultant will discuss learning objectives at the beginning of the run with the House Officer using the Medical Council Form RP1. The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified during the attachment, the Consultant to whom the House Officer is responsible will bring these to the House Officer's attention and discuss how they may be corrected.</p> <p>The team consultant will meet with the House Officer again at the end of run to complete the RP2 and forward to the intern supervisor.</p> <p>The Intern Supervisor receives the quarterly reports on probationary house officers, completed by the team consultant, and provides formal reports to the Medical Council for registration purposes e.g. for probationary registrants seeking general registration.</p>

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Section 2: Weekly Schedule

There will be 6 House Officers participating on this roster

ROSTER	WEEK	M	T	W	T	F	S	S	HRS
	1	N	N	N	N	o	o	o	40
	2	D	DT	A	o	o	A	A	42
	3	A	A	o	A	A	o	o	32
	4	o	T	D	D	N	N	N	50
	5	o	T	o	o	D	D	D	29
	6	RL	RL	RL	RL	RL	o	o	50
Legend						Av hr per week inc teaching		40.5	
D	Day Duty	0800 - 1700		9					
A	Afternoon duty	1600 - 2400		8					
N	Night duty	2300 - 0900		10					
DT	Teaching/Day shift	0800 - 1700		9					
T	Teaching	0800 - 1000		2					
o	Day off			0					
RL	Reliever	Roster as per house officer away on leave		10					

Relief week

All house officers will receive a minimum of 2 weeks notice of duties during their relief week. Where the house officer has not been booked to cover planned leave during their relief week, they can be allocated to cover an unexpected absence of a house officer during the ordinary hours. MECA Clause 4 & 5 of the short notice leave relievers' provision shall apply in these circumstances. House officers will be remunerated for this relief week at 2 categories above the normal run category. MECA clause 8.1.3 will apply.

Average hours of work are 40.20 per week.

Standard shifts are:

Day	0800 -1700
Afternoon/Evening	1600 - 2400
Night	2300 - 0900

Routine duties will be scheduled at least one month in advance.

All roster changes and swaps must be agreed with the Unit Manager.

Cover for Leave: Please talk to the Unit Manager at North Shore Hospital for leave requests.

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Section 3: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.20	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Total hours per week	40.20	

Salary The salary for this attachment has been calculated as a Category **F** run, however a minimum of a Category **C** will apply.

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