

RUN DESCRIPTION

POSITION:	House Officer – Home & Older Adults’ Service (HOAS)
DEPARTMENT:	Assessment, Treatment and Rehabilitation Inpatient Service (AT&R)
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Service Manager, AT&R Service through the Clinical Director/Geriatrician
FUNCTIONAL RELATIONSHIPS:	Patients and family/whanau, hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of Home and Older Adults’ Service
RUN RECOGNITION:	This position is recognised by the Medical Council of NZ as a training position in the first year of registration. Medical Council category A.
RUN PERIOD:	13 weeks

Section 1: House Officer’s Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<ul style="list-style-type: none"> • Under the supervision of the Geriatrician and the Registrar, facilitate the management of patients under the Care of the Home and Older Adults’ Service (HOAS). • Undertake daily ward rounds either as the primary doctor or with a registrar or Consultant according to the ward roster. Write progress notes on patients reflecting the assessment and management plan decided on during the ward round. • Keep patients informed of their progress. Answer as able any questions relating to their diagnosis and management and explain any procedures (or refer these questions to the Registrar or Geriatrician if needed). • With permission of the patient, liaise with relatives, and answer questions relevant to the patient’s illness, or refer these to the Registrar or Geriatrician. • Admit, assess, and arrange investigations for acute and elective admissions to the ward. • Keep the Registrar and/or the team Geriatrician informed of problems as they arise in the ward (or wherever else the House Officer may be caring for patients). • Attend patients under their care, at the request of nursing staff. • Undertake rostered after hours duties in the AT&R and acute medical wards,

WDHB NSH HOAS House Officer Run Description- Effective 06 September 2010

Disclaimer: Please note that this run description is current at the time of publication, but is currently under review and may be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Area	Responsibilities
	<p>North Shore Hospital.</p> <ul style="list-style-type: none"> • Undertake such other duties as may be required from time to time by the Clinical Director, Home and Older Adults Service. • Attend weekly multidisciplinary ward conference(s). Liaise as needed with other members of the multidisciplinary team to ensure a smooth and coordinated process of care. • Attend family conferences of patients under care, as arranged at the weekly team meeting. • Attend to additional matters required for patient care such as completing death certificates and preparing discharge letters. • Prepare and submit a list of X-rays to be seen at the weekly X-ray conference, and attend Radiology Review meetings. • Sight and accept all laboratory and radiology results for team patients on a regular (recommended: daily) basis. Discuss abnormal or unfamiliar results with seniors. • In the event of the pressure of other duties leading to difficulty completing assigned duties, notify the Registrar or Geriatrician of this. • Ask for advice or assistance from senior medical staff when not certain what to do.
<p>Administration</p>	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • 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: <ol 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 surgeon 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 registrar is clinically responsible in the absent duty. • As an RMO 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.

Section 2: Training and Education

Nature	Details
<p>Protected Time</p>	<p>Professional development of a House Officers skills and knowledge should occur during the run. All House Officers must attend their departmental meetings. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <ul style="list-style-type: none"> • HO Teaching Programme- Thursday 1230 to 1430 hours, Conference Room 1, NSH and Kawakawa Room WTH (unless advertised otherwise). This is protected teaching time with the handing in of the pagers for monitoring by the Clinical Training Coordinator. Any urgent messages will be redirected to the team registrar. • Practical Skills Training- Monday 1200-1400 hours, Seminar Room 1, Learning and Development, NSH (unless advertised otherwise). Consists of six different training modules run on a repeat cycle throughout the year. These modules have been designed to assist RMOs to maintain their skills in different ACLS procedures and practical skills. House Officers are expected to attend each module at least once during the training year. • Attend the weekly HOAS educational meeting and, at least once per run take responsibility for a presentation. (Fridays, one hour). • Obtain supervised teaching from the ward consultant, registrar and ward pharmacist. • Attend the Unit's Morbidity and Mortality meetings. • Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital. • The Pathology Review as indicated on Team Timetable. • The Radiology Review as indicated on Team Timetable. • Journal Club on Monday at North Shore Hospital. • Attend other educational events that are of interest and relevance, as possible depending on clinical commitments.

Section 3: Cover

- There are 4 House Officers and 3 Registrars employed in the AT&R North Unit. There will be one House Officer and one Registrar working with a specialist Geriatrician on each team.
- House Officers will take part in the general medical roster which involves 1-2 long days per week.
- When rostered on a weekend House Officers are expected to do a ward round in the Geriatric Unit on Saturday morning only between the hours of 9am-12pm. House Officers will not be expected to take ward calls during this time.

Section 4: Roster

Hours Of Work		
Ordinary Hours of Work	Monday to Friday	0800 to 1600 hours
Long Day Ward Calls	Monday to Sunday	0800-2300
<p>The House Officers will work 1-2 long days (0800-2300) per week as per the general medical roster for North Shore Hospital</p> <p>The House Officer will have every alternate full weekend free of duty.</p>		

Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</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 RMO 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>

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	
Rostered additional hours (inc. nights, weekends & long days)	11.62	
All other unrostered hours	6.76	
Total hours per week	58.38	

Salary

The Salary for this attachment will be as detailed in a Category **C** run to be confirmed by a run review.