Waitemata District Health Board
Te Wai Awhina

RUN DESCRIPTION

POSITION:	**House Officer –Medicine based in Emergency Care Centre (ECC)**

DEPARTMENT:	Medicine

PLACE OF WORK:	North Shore Hospital

RESPONSIBLE TO:	Clinical Director & Unit Manager Medicine

FUNCTIONAL RELATIONSHIPS:	• There are fifteen general medical teams. At least one house surgeon and a registrar are attached to each consultant team. • 15 Consultants • 15 team Registrars, in 15 teams, 2 CCU Registrars, 1 Medical ECC Registrar, 4 Speciality Registrars, 5 Reliever/Night Reliever Registrars. • 15 House Officers, additional out of hours cover is provided by 2 CCU House Officer and 1 ECC/Medical Admitting House Officer, 5 reliever/night reliever House Officers, and the 4 HOAS House Officers.

PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Medical Service

RUN RECOGNITION:	Waitemata District Health Board is recognised by the Royal Australian College of Physicians for basic training. The run is recognised by the New Zealand Medical Council as a Category A run for registration purposes.

RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

Area	*Responsibilities*
Clinical Duties & Work Schedule	Under the supervision of the Consultant through the Registrar, the House Officer will facilitate safe and efficient management of patients under the care of the Medical Service. 1. All House Officers when rostered on duty shall attend the Emergency Department at 0800 hours to receive handover from the night house officers. 2. Be responsible for the day to day management of patients as described in the following areas: • Admit, clerk and arrange basic investigation of acute and elective admissions within the framework of the acute roster. • Keep the Registrar informed of problems as they arise in the ward, or wherever

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Area	*Responsibilities*
	else the House Officer may be caring for patients under their team's care. • Carry out with the Registrar a daily ward round during ordinary hours and a ward round with the Consultant at least twice a week. Arranging all tests arising from the rounds and following up the results on the same day. • Undertake weekend ward rounds when rostered on duty. 3. Maintain an accurate and legible clinical record for each patient, including: • History and examination record. • Clinical records must be updated as often as indicated by the patient's condition. • An up to date problem plan and investigation sheet. • All entries recorded with the time and date and a legible signature. 4. Assist in the review of all pathology, radiology and other diagnostic reports on a daily basis, notifying the registrar of significant results. 5. Consultants or Registrars where applicable shall be notified of admissions, significant changes in patients condition causing concern, and deaths as soon as practicable. 6. Participate in the discharge process, providing where possible within 24 hours electronic discharge summaries for each patient discharged, ensuring that discharge medications have been correctly prescribed in consultation with the registrar. 7. Liaise with other staff members, departments, and General Practitioners in the management of the team's patients. Coordinate the care ensuring appropriate referrals are made and the medical management plan is implemented in consultation with the Registrar and the Consultant. 8. Communicate with the patients and their families about the patient's illness and treatment where appropriate. 9. Participate in weekend and rostered night call in the acute medical wards as per the agreed roster.
Administration	• 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: 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

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Area	Responsibilities
	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
Protected Time	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 will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency): • 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. • 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.

Section 3: Cover

Other Resident and Specialist Cover
When on duty after hours, the ECC/Medical house officer responds to requests by nursing staff and other medical staff to assess and treat patients under the care of all the general medical and home and older adult service (HOAS) teams and wards. This is a combined roster involving the 15 general medical house officers and 4 HOAS house officers. Therefore on-call house surgeons at night and weekends provide ward cover for Medical and HOAS patients and any Medical Outliers. From time to time the on call house officer may be asked to assist with patients in Ward 12. This should only occur after the designated Ward 12 house officer has seen the patient and is seeking assistance and/or advice.

Section 4: Roster

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Hours Of Work

Ordinary hours:

- Ordinary hours of work are Monday to Friday 0800-1600
- Acute Admitting: 0800-2300
- Night Duty: 2200-0800
- Post Acute Ward Round 0800-1600
- Ward Calls: 0800-2300

- House Officers are rostered every alternate full weekend off duty.

Section 5: Performance appraisal

House Officer	*Service*
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. 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. 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. The House Officer should ensure they meet with their consultant at the end of run to complete the RP2. For additional support and advice the House Officers should discuss with their Intern Supervisor.	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. 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. 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. 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. 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.

Section 6: Hours and Salary Category

Average Working Hours	*Service Commitments*

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Average Working Hours		*Service Commitments*
Basic hours	40.0	
Rostered additional hours (inc. nights, weekends & long days)	8.8	
All other unrostered hours	1.6	
Total hours per week	50.4	

Salary

The Salary for this attachment will be as detailed in a Category D run.

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