

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Assessment and Admitting/ Diabetes, General Medicine, Medical Services
PLACE OF WORK:	Counties Manukau District Health Board including Middlemore Hospital and other related sites
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Heads - Acute Admitting, Diabetes/Endocrinology
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the management of inpatients under the care of Medical Services.
RUN RECOGNITION:	This position is classified as a category 'B' run by the Medical Council for pre-registration purposes.
RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Acute Admitting	<ul style="list-style-type: none"> The House Officer will attend acute and elective admissions to the Department, construct a problem list, request basic investigations, and initiate management in conjunction with a Medical Registrar, HMO or SMO. The House Officer will thus actively participate in the management of patients, following Consultant and Registrar advice. The House Officer is expected to liaise with the other health professionals in the unit to ensure the required level of co-ordinated care to the patients. House Officers are expected to ensure their patients are safely and efficiently handed over to a Medical Registrar involved in acute admitting at the end of their shift.
General	<ul style="list-style-type: none"> The House Officer will work with a General Medicine Registrar on the ward to admit both General Medicine patients and Subspecialty patients to the ward when rostered on call. The House Officer is also expected to perform ward calls on patients in their ward if on for General Medicine but across 3 wards if on call in the evening with the Subspecialty Registrar. The House Officer will maintain a high standard of communication with patients, patients' families and staff. The House Officer will confer with other clinical team members regarding discharge planning and progress of patients. Clinical skills, judgement and knowledge are expected to improve during the

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Area	Responsibilities
	<p>attachment.</p> <ul style="list-style-type: none"> • Opportunities for gaining additional experience in Diabetes/Endocrinology will be available. • CMDHB Clinical Board policies are to be followed at all times.
<p>Clinical Duties (Diabetes/ Endocrinology)</p>	<ul style="list-style-type: none"> • The House Officer will work under the supervision of the Diabetes Registrar and the Diabetes/Endocrinology Consultant Physician. • The House Officer is responsible for all Diabetes/Endocrinology patients in the ward/s, specialist units, and as directed by the Diabetes Registrar. Any concern should be relayed immediately to the Registrar or Consultant on call. • The House Officer is responsible for admission of Diabetes/Endocrinology patients to the wards during their hours of attachment and for maintaining a high standard of legible medical records, particularly an up-to-date acute problem list. Clearly written and up-to-date medication charts are also a priority. The House Officer is primarily responsible for arranging all investigations on Diabetes/Endocrinology patients and accepting the results. The House Officer should have an overall understanding of the patient's progress, facilitating prompt and efficient ward rounds and hospital admissions. Initial assessments include the organisation of formal measures of functional capacity. • The House Officer is responsible for completing a comprehensive Electronic Discharge Summary at the time of patient discharge, a copy of which is given to the patient together with other documents, including prescriptions. Discharge summaries are to include current medication therapy, follow-up appointment details and, if applicable, community laboratory requests for ongoing monitoring. • Occasionally, if the Diabetes Registrar is off sick or otherwise absent, the House Officer may be asked to perform further duties to aid the smooth running of the department including: dictated discharge summaries; and clinically reviewing patients who may present acutely as out-patients; assessing chronic Diabetes/Endocrine patients who may present acutely to the Emergency Department; assisting at outpatient clinics; completing mortality audit forms if required.

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Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, and whenever management changes are made. All documentation should comply with CMDHB Clinical Board documentation policy. • All instructions (including drugs, IV fluids and nursing instructions) will be accurately and legibly recorded and legibly signed. • Appropriate laboratory tests will be requested and results sighted and signed and reported to the Registrar/HMO if abnormal. Referrals will be made on request to other specialists/units, clearly stating the problem to be addressed. • For patients assessed and discharged home from Emergency Care, the House Officer must complete a comprehensive Electronic Discharge Summary, a prescription, and follow up appointment if required. Where early GP follow up is anticipated or the case is complicated the House Officer should ensure the GP is updated by telephone. • The House Officer may, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care. • The House Officer is expected to attend the Division of Medicine's weekly clinical meeting and the weekly meeting of the medical team responsible for overseeing Medical Acute Care. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • 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, if after hours, the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly

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Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800 – Medical Handover	0800 – Medical Handover 1145 – Radiology Conference	0800 – Medical Handover	0800 – Medical Handover 1145 – General Medicine Journal Club	0800 – Medical Handover
p.m.	1215 – SACS Lecture Series (every 4 th week) 1400 – House Officer Teaching				12.15 – Medical Grand Round

Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to Southnet for days and times..

Education

There will be a minimum of 3 hours educational sessions per week including the Monday afternoon teaching session. Occasionally, urgent medical commitments may interrupt these meetings.

Section 3: Roster

Roster

- 4 long days in 4 weeks 0800-2230
- 1 in 4 weekends (1x 0800-2230, 1 x 0800-1600)
- 1 in 13 Friday to Sunday nights 2200 -0800
- 1 in 13 Sun to Thurs nights 2200 -0800
- Monday to Friday 0800-1600

During an after hours shift, the participants on this run will contribute to an after hours team. The house officers will work generically across General Surgery, Orthopaedics, Plastic Surgery, and General Medicine and Medical Specialties over this time, however will work in their designated service wherever possible.

Section 4: Cover

Other Resident and Specialist Cover

From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.

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Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The House Officer will;</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • Ensure a mid run assessment is completed after discussion between the House Officer and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service. 	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and House Officer to discuss goals and expectations for the run, review and assessment times, and one on one teaching time; • An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer/Registrar and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the House Officer will bring these to the House Officer's attention, and discuss and implement a plan of action to correct them; • A final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40</p> <p>Rostered additional hours (inc. nights, weekends & long days) 19.9</p> <p>All other unrostered hours 5</p> <p>Total hours per week 64.9</p>	<p>The Service will be responsible for the preparation of any Rosters.</p>

Salary The salary for this attachment will be as detailed in a **B Run Category**.