

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Neuro Rehabilitation (Under 65) & Spinal Rehabilitation, Intermediary Care Services
PLACE OF WORK:	Neuro Rehabilitation (AT&R Unit, Middlemore Hospital) & Spinal Rehabilitation (Auckland spinal rehabilitation Unit, 30 Bairds Road, Otara, Auckland) Mileage will be reimbursed at 9km return for each trip to and from the Spinal Unit to Middlemore.
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the management of inpatients under the care of Neurological and Spinal rehabilitation services.
RUN RECOGNITION:	This position is classified as a category 'A' 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>
Clinical Duties	<ul style="list-style-type: none"> The House Officer will attend acute and elective admissions to the Department, construct a problem list, complete MSQ sheet, and request basic investigations on admission (clinical indicator). Inpatients will be attended daily on weekdays and particular attention paid to problem list. The House Officer will admit, document clearly and manage medically all patients admitted into the ward under supervision of the named consultant. The House Officer will be responsible for attending ward rounds, arranging investigations, obtaining results, as well as the day to day medical care of the patients. The House Officer will also be expected to attend the multidisciplinary meetings, x-ray conferences and some family meetings. The House Officer will attend ward rounds and will actively participate in the management of patients, following Consultant and Registrar advice and when neither of these is available on site seeing patients and seeking assistance as appropriate. The House Officer is expected to liaise with the other health professionals in the unit to ensure the required level of coordinated care to patients. This may include meeting each morning with the Charge Nurse of their

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Area	Responsibilities
	<p>unit. House Officers are expected to ensure their patients are safely and efficiently handed over.</p> <ul style="list-style-type: none"> • The House Officer will maintain a high standard of communication with patients, patients' families and staff. The House Officer will confer at all times with other clinical team members regarding rehabilitation / discharge planning and progress of patients. • During weekdays after 4 pm the House Officer is expected to perform ward calls on patients in AT&R, Ward 1, and two Medical wards if on call in the evening with referral to the Subspecialty Registrar on site if required, and support from the on call Renal Registrar and AT&R SMO if needed. • At weekends the AT&R House Officer will work with one of the two General Medicine Registrars on the Medical ward to admit both General Medicine Subspecialty patients to the ward when rostered on call. The House Officer is also expected to perform ward calls on patients in the ward if on for General Medicine but across 3 wards if on call in the evening with the Subspecialty Registrar. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.
<p>Administration</p>	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on admission, daily on weekdays and whenever management changes are made, and comply with CMDHB documentation policy. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • Appropriate laboratory tests will be requested and results sighted and electronically accepted on a daily basis. Abnormal results must be discussed with the Registrar and or Consultant. Referrals will be made at the Consultant's request to other specialists/units, clearly stating the problem to be addressed. • Discharge documentation should be completed prior to the patient being discharged. Patients will receive a copy of the comprehensive Electronic Discharge Summary (EDS), 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. 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: <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 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."

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

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 4th 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.

<i>Education</i>
There will be a minimum of 3 hours educational sessions per week. Occasionally, urgent medical commitments may interrupt these meetings.
<i>Research</i>
It is not anticipated that house officers will be directly involved in research.

Section 3: Roster

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Roster

Hours of Work

- Up to 4 long days in 4 weeks 0800-2200
- 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.

Section 5: Performance appraisal

House Officer	Service
<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 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

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<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	16.2	
All other unrostered hours	3.9	
Total hours per week	60.1	

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