

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Haematology, 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 Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers Hospital and community based health care workers
PRIMARY OBJECTIVE:	To facilitate the safe and effective 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>
Clinical Duties	<ul style="list-style-type: none"> The House Officer will work in two areas of the hospital - the Haematology Day Ward and in Ward 33 with Haematology inpatients. In the Haematology Day Ward, the House Officer will work with the staff nurses, under the supervision of the Haematology Registrar and the Consultant in charge of the Haematology Day Ward. In Ward 33, the House Officer will work under the supervision of the Haematology Consultants and the Clinical Haematology Registrar. <p><u>Haematology Inpatients:</u></p> <ul style="list-style-type: none"> Ward 33 has 60 beds and approximately 6-8 of these are filled at any time with Haematology patients. The House Officer is responsible for daily rounds on these patients. Formal ward rounds currently occur in Ward 33 at 1100 on Monday (after x-ray conference), Wednesday, and Friday mornings or 14:00 in the afternoon depending on the Consultant's timetable. On the other days the House Officer should see the patients, usually in conjunction with the Haematology Registrar. The House Officer is responsible for admitting patients to the Haematology Ward during the hours of attachment, and maintaining a high and legible standard of medical records. Clearly written and up to date medication charts are a priority.

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	<p>The House Officer is primarily responsible for arranging all investigations, tabulating the results and acting on any urgent result that needs action. Abnormal results (especially positive blood cultures) should be shown to the Registrar or Consultant.</p> <ul style="list-style-type: none"> • 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 co-ordinated care to the patients. This may include meeting each morning with the Charge Nurses. • The House Officer should also have an overall understanding of the patients' progress, facilitating prompt and efficient ward rounds and hospital admissions. The House Officer should hand over any clinical problems to an appropriate medical officer prior to leaving the hospital and discuss any major changes of therapies, including antibiotics, with a Haematologist or a more senior doctor. • The House Officer will complete a comprehensive Electronic Discharge Summary (EDS) on inpatients and the patients in the Day Ward with a copy given to the patient with any other necessary papers and prescriptions. Discharge summaries must include current medication therapy, follow up appointment details, and each patient should have an ongoing laboratory form with the applicable code to monitor their haematological problem as appropriate, with a copy to the GP. Patients should be given advice regarding how to contact medical help urgently if immunosuppressed and they develop signs of infection or a fever (neutropenic letter), and/or if at risk of bleeding (coagulation letter). Where early GP follow up is anticipated or the case is complicated the House Officer should ensure the GP is updated by telephone. <p><u>Haematology Day Ward:</u></p> <ul style="list-style-type: none"> – Monday 08.00-09.30 approx., then X-ray conference – Wednesday 08.00-09.15 approx., then ward round – Friday 08.00-09.00 <ul style="list-style-type: none"> • On each of these days, it will be necessary to return to the day ward late morning to reassess the patients, check results of any laboratory investigations or x-rays and to write prescriptions. On Tuesdays and Thursdays there may be occasions when house officer input is required in the day ward and clinic - these requirements will be fitted in with other duties, especially those in Ward 33, as necessary. • Duties to be carried out in the Day Ward include: <ol style="list-style-type: none"> 1) A quick assessment of the patient from the point of view of the: <ol style="list-style-type: none"> a. Safety of any prescribed treatment, especially chemotherapy and transfusions. b. Prescription of standard premeds for transfusion. c. Assessment of their current disease status, eg size of lymph nodes, liver, spleen - this is particularly important for those patients who are coming frequently to the day ward and are not being seen regularly in Outpatients. d. Investigation and treatment of infections and acute problems. 2) Request appropriate investigations, especially blood tests, microbiological cultures and x-rays. 3) Assist the nursing staff to insert intravenous lines for those receiving intravenous therapy - ideally this should be done in most cases using a 18 or 21 gauge butterfly needle.

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	<ol style="list-style-type: none"> 4) Prescribe medications as required, particularly antihistamine and hydrocortisone as a prophylaxis for blood transfusions, anti-emetics and sedatives for patients receiving chemotherapy, frusemide for those receiving blood transfusions and other drugs that might be appropriate, eg when the prescription for a regular drug such as hydroxyurea runs out before the next clinic appointment. One of the more senior doctors eg the Haematology Registrar, locator 93-8537, or Consultant must double check any chemotherapy prescriptions for outpatients, and any intravenous cytotoxics should be prescribed, or checked, by a more senior doctor. 5) Write hand written referrals for patients who need to be referred to other services and make appropriate phone calls when necessary. 6) Check the results of the above investigations, either later the same day or during the next day when on call in the day ward. 7) Participate in the counselling of patients and their families with respect to their diseases (which are often life-threatening) and the treatments that are being prescribed, some of which potentially have serious side effects. 8) Ensure adequate pain relief when appropriate, with referral to the Palliative Care Nurse, when necessary. <ul style="list-style-type: none"> • The House Officer will read and note the Medical Standard Operating Procedure Manuals and follow other protocols relating to the work of the Department of Haematology, especially that for antibiotic therapy in immunosuppressed patients. There are red medical manuals in Ward 33 and in the Haematology Day Ward. The House Officer is also responsible for submitting a prepared list to the ward clerk by midday Friday, for the weekly Radiology Conference held at 09:30 on Mondays. • 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 discharge planning and progress of patients. • The House Officer will work with one of the two General Medicine Registrars on the ward to admit both General Medicine patients and Subspecialty patients (Haematology, Diabetes) 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. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • Opportunities for gaining additional experience in Haematology Medicine will be available. • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on assessment / admission, daily on weekdays, on Consultant ward rounds and whenever management changes are made. All documentation should comply with CMDHB Clinical Board 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 signed, and reported to the Registrar and/or Consultant if abnormal. A list will be prepared for the Radiology Department 24 hours in advance of the weekly team x-ray conference. Referrals will be made at the Consultant's request to other specialists/units, clearly stating the problem to be addressed. House Officers will

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	<p>attend and present patients at the weekly ward meeting.</p> <ul style="list-style-type: none"> • 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. • 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." • 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

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.

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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 including medical ward rounds and Monday afternoon teaching sessions. Occasionally, urgent medical commitments may interrupt these meetings.
<i>Research</i>
It is not anticipated that the House Officer will be involved directly in any research, but they may need to be involved in clinical documentation eg physical examinations on some patients who may be currently in clinical trials, or in clinical audit and other quality activities.

Section 3: Roster

<i>Roster</i>
<ul style="list-style-type: none"> • 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 <p>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.</p>

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care.</p> <p>The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.</p>

Section 5: Performance appraisal

<i>House Officer</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 	<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

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<i>House Officer</i>	<i>Service</i>
consultation with their Consultant; <ul style="list-style-type: none"> Sight and sign the final assessment report provided by the service. 	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; <ul style="list-style-type: none"> 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>
Basic hours (Mon-Fri) 40	The Service will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days) 19.9	
All other unrostered hours 5	
Total hours per week 64.9	

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