

RUN DESCRIPTION

POSITION:	Senior House Officer (SHO)
DEPARTMENT:	High Dependency Unit, Critical Care Complex (HDU)
PLACE OF WORK:	Middlemore Hospital
RESPONSIBLE TO:	General Manager Acute Care and Clinical Head Critical Care Complex
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the High Dependency Unit, Critical Care Complex.
RUN RECOGNITION:	Medical Council &/or College recognition
RUN PERIOD:	Three months

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Clinical Duties:</p> <ul style="list-style-type: none"> • Day time cover 7 days per week. Nights will be covered by the on” Intensive Care Unit Registrar. • The SHO will care for patients in the HDU in conjunction with HDU medical and nursing staff. • The SHO will provide an assessment and consultation service to other specialties within the hospital under the supervision of the ICU registrar and/or HDU specialist. • The SHO, in conjunction with the HDU Specialist, will give advice and assistance to other specialties within the hospital. This includes working with the “PUP” (physiologically unstable patient) team, and the Intensive Care Outreach service, for patients not directly under HDU care. • The SHO will attend Specialist rounds in the HDU. <p>Orientation:</p> <p>During the first 2 days of the run SHO's are expected to attend morning orientation sessions. Attendance is compulsory unless the SHO has worked in this unit within the</p>

<i>Area</i>	<i>Responsibilities</i>
	<p>previous 12 months. If these sessions fall outside normal rostered duties the time will be paid as additional duties hours. The orientation will take between 6 and 8 hours spread over the first 2 mornings, and during that time the SHO's clinical duties will be covered by rostered specialist staff. Unless exceptional circumstances (bereavement or sick leave), there will be no leave granted in the first week of the run.</p>
Administration	<ul style="list-style-type: none"> • Legible notes, dated and timed, will be written in patient charts within the HDU, and when patients are seen and assessed in other wards, or in Emergency Care. Each SHO will be issued with a personalised name stamp; which also has the HDU SHO locator number, and this should be used for all entries in clinical notes. • When a patient is admitted to HDU a succinct, problem based admission note should be written by the SHO; covering but not limited to: reason for admission, background and co-morbidities, including functional status, current problems, examination findings and a detailed plan. Similarly a transfer note should be prepared for those patients being discharged back to the wards. SHO's should liaise closely with the primary care teams, particularly when discharging or transferring patients. This includes a verbal handover, and a written summary. • HDU SHOs are responsible for the completion of death certificates, or other death related paperwork, for patients who have been under HDU care. Often there will be discussion with the Specialist regarding the question of referral to the Coroner. The Bereavement Care team will co-ordinate appropriate paperwork, and can also provide the coroner's contact details. • Discharge Summaries are to be completed for patients discharged from the HDU. This includes inter-hospital transfers, discharge home, and deaths.

Section 2: Training and Education

<i>Details</i>
<p>Education:</p> <hr/> <p>SHOs are encouraged to attend and contribute to departmental and intrahospital educational meetings whenever possible. SHOs have 8 hours of protected training time every second Wednesday for the purpose of medical learning activities, including attendance of organised ICU and HDU teaching sessions.</p> <hr/> <p>SHOS are required to attend monthly education days.</p> <hr/> <p>Research:</p> <hr/> <p>A research project may be undertaken during the attachment subject to approval by a Specialist, and completion of standard research processes (e.g. may need approval from management, ethics committee, or involve CCREP).</p> <hr/>

Section 3: Roster

Roster

There will be 2 SHOs employed on the HDU roster covering 12 hour day shifts only from 0800 to 2000 in a rotating weekly pattern as set out below.

SHO roster template							
Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	D	D	E		D		
2			D	D		D	D
3	D	D	E		D		
4			D	D		D	D
5	D	D	E		D		
6			D	D		D	D
7	D	D	E		D		
8			D	D		D	D
9	D	D	E		D		
10			D	D		D	D
11	D	D	E		D		
12			D	D		D	D
13	D	D	E		D		

D = 0800-2000

E = 0800-1600 for ICU round, XR, Journal club, teaching, reading, research

D on Wednesday is expected to attend ICU teaching if workload permits.

Section 4: Cover

Other Resident and Specialist Cover

Absence from work owing to annual leave, education leave or sickness will be covered internally by other RMO's within the Critical Care Complex. Applications for leave should be submitted as early as possible to facilitate cover arrangements.

We recommend that every SHO have at least one week leave during the attachment. However in order to give a fair distribution of leave to all RMO's in the Critical Care Complex (whether or not sitting exams) it will be uncommon for each SHO to be granted more than 2 weeks planned leave during the 13 week attachment. Usually there will be no more than two Critical Care Complex RMOs on leave at a time, unless exceptional circumstances. This means bereavement, sickness, and exam dates. Due to the seniority and variety of training programmes of the RMOs allocated to the ICU run, it is common to have several people sitting Part I or Part II exams. There are varying exam dates for each college (JFICM, ANZCA, ACEM and RACP). Leave for exam dates will have priority over generic study leave.

Section 5: Performance appraisal

Performance will be assessed by the Intensive Care and HDU Supervisor of Training. This is undertaken in conjunction with the Critical Care Complex Specialist group, with input from the wider team (e.g. Charge Nurses, Outreach, Allied Health and Management). Clinical skills, judgement and knowledge are expected to improve during the attachment. Attachment educational goals and performance will be assessed and discussed with the SHO in a formal meeting at the beginning of the attachment, and again at 6 weeks and 3 months. If deficiencies are identified during the attachment the SHO will be formally notified. Clear guidelines and goals will be set for the SHO to amend performance or knowledge concerns.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	6	
All other unrostered hours	1	
Total hours per week	47	

Salary: The salary for this attachment will be as detailed as a **Category C** run and the salary for this attachment will be as detailed in the MECA. In addition this position attracts shift leave entitlements defined in the MECA.