



## RUN DESCRIPTION

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	General Surgery and Vascular Surgery
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Clinical Directors and Service Managers of General Surgery and Vascular Surgery, through a nominated Consultant.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Departments of General and Vascular Surgery
<b>RUN RECOGNITION:</b>	Recognised as Category A for the purposes of registration by the Medical Council of New Zealand
<b>RUN PERIOD:</b>	3 months

### Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties</b>	<ul style="list-style-type: none"> <li>• The House Officer will assess all acute and "transfer" admissions to the service by taking a history, performing a physical examination, constructing a problem list and formulating a management plan. . This should take place as soon as possible after notification of the arrival of a new patient.</li> <li>• See assigned patients on a daily basis (Monday to Friday) during rostered hours.</li> <li>• Attend ward rounds as required by Registrar and/or Consultant.</li> <li>• Attend Whiteboard rounds to discuss daily patient plan.</li> <li>• Attend outpatient clinics as rostered or as required.</li> <li>• Participates in weekly Pre-admission clinics as required by the Consultant</li> </ul>

ADHB General and Vascular Surgery House Officer Run Description- Effective from 29 November 2010

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Area	Responsibilities
	<ul style="list-style-type: none"> <li>• House Officers may be required to attend handover meeting, do ward rounds, admissions, discharges and to provide patient care for those patients admitted to the Acute Surgical Unit.</li> <li>• Attends and participates in any Multidisciplinary Team Meeting or Radiology Conference scheduled for the surgical team.</li> <li>• Attend Operating Room as required by Registrar and/or Consultant unless there are conflicting ward or acute tasks.</li> <li>• Implement treatment of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Registrar and/or Consultant.</li> <li>• Prescribe medications and fluids as directed by the Registrar and/or Consultant.</li> <li>• Follow Departmental or Unit guidelines and protocols that may exist.</li> <li>• Perform required procedures as directed by Registrar and/or Consultant within the limits of training and ability.</li> <li>• Liaise with other staff members, departments and General Practitioners in the management of their patients.</li> <li>• Review patients transferred back from DCCM and provide written documentation of problems and management changes. This should be done as soon as possible after notification of the arrival of the patient in the ward.</li> <li>• When on call duty outside ordinary hours of work, respond to requests by Nursing Staff and other members of Medical Staff to assess and treat inpatients under the care of other medical teams as detailed in the roster. This will require the House Officer to prioritise tasks. Conflicts in prioritisation can be resolved by discussion with the Duty Manager and Registrar.</li> <li>• Clinical skills, judgement and knowledge are expected to improve during the attachment.</li> </ul>
Other Duties	<ul style="list-style-type: none"> <li>• Attend the Operating Room as required by the Registrar and/or Consultant;</li> <li>• Attend Outpatient and pre-admission clinics as required by the Registrar and/or Consultant</li> </ul>
Administration	<ul style="list-style-type: none"> <li>• Keep adequate and legible records in accordance with the hospital requirements and good medical practice, (daily on weekdays and whenever management changes are made). All entries should be dated, timed and signed with name, title and contact details.</li> <li>• Complete Admission to Discharge planners and Clinical Care Pathways currently used by the surgical team.</li> <li>• The use of problem lists, result flowcharts and Weekend Care Plans are encouraged.</li> <li>• Appropriate laboratory tests will be requested and results sighted and signed. Abnormal results will be notified to the Registrar and/or Consultant as soon as practicable.</li> </ul>

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Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Communicate with patients and their families about patients' illness and treatment where appropriate.</li> <li>• Liase with nurses and Allied Health staff regarding investigations, management and discharge.</li> <li>• Participate in the Department of Surgery Audit process by assisting the Registrars in completion of the Audit forms.</li> <li>• On discharge, provide patients with an electronic discharge summary and if required, a prescription and follow-up appointment.</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</li> <li>• “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.”</li> <li>• “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.</li> </ul>

## Section 2: Training and Education

Nature	Details
Protected Time	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties such as acute admitting or a medical emergency)</i></p> <ul style="list-style-type: none"> <li>• Orientation Sessions at the start of the run</li> <li>• Surgical Grand Round</li> <li>• Medical Science Lecture</li> <li>• Medical Grand Round</li> <li>• Weekly formal RMO in-service teaching sessions</li> <li>• (refer individual teams for date/times)</li> <li>• Monthly Audit Meetings</li> <li>• House Officer teaching, Tuesday 1400 to 1700 hours</li> </ul> <p>House Officers can expect an introduction by a senior staff member at the start of the run with an outline of expectations. There will be a mid run assessment and an end of run assessment by the Consultant. A report will also be provided to the NCTN on completion of the run.</p>

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### Section 3: Cover

<i>Other Resident and Specialist Cover</i>
<p>The 7 General Surgery House Officers will combine with the 4 Vascular Surgery House Officers and 1 night reliever to provide cover for the General Surgery and Vascular Services between the hours of 1600 and 0800, when rostered on a night or long day duty.</p> <p>Acute duties are allocated as per the Acute Surgical Unit guidelines.</p>

### Section 4: Roster

<i>Other Resident and Specialist Cover</i>		
<b>Hours of Work</b>		
Ordinary Hours	Monday to Friday	0730-1600
Acute Call Long day duty	Monday to Sunday	0730-2230
Night duty	Monday to Sunday	2200-0800
Ward Calls	Saturday, Sunday & Public Holidays	0730-2100
Post Acute Ward Round	Saturday	0730-1130
<p>Each House Officer will work one or more periods of night duties during the run.</p> <p>House Officers will have every alternate weekend rostered off duty.</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"> <li>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;</li> <li>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant.</li> </ul>	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> <li>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;</li> <li>An interim assessment report on the House Officer six (<b>6</b>) weeks into the run, after discussion between the House Officer and the Consultant responsible for them;</li> <li>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;</li> </ul>

<i>House Officer</i>	<i>Service</i>
	<ul style="list-style-type: none"> <li><i>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.</i></li> </ul>

## **Section 6: Hours and Salary Category**

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	16.5	
All other unrostered hours	5	
Total hours per week	61.5	

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