



RUN DESCRIPTION

POSITION:	HOUSE OFFICER
DEPARTMENT:	Neurosurgery
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Clinical Director Neurosurgery
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Neurosurgery Service.
RUN RECOGNITION:	Recognised as Category B for the purposes of registration by the Medical Council of New Zealand
RUN PERIOD:	3 months

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level;</p> <p>Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar or Consultant, also organise relevant investigations, ensure the results are followed up, sighted and signed;</p> <p>Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends);</p> <p>Plan and deliver active anticancer treatment (as directed)</p> <p>Maintain a high standard of communication with patients, patients' families and staff;</p> <p>Inform registrars/consultants of the status of patients especially if there is an unexpected event;</p> <p>Liase with other staff members, departments, and General Practitioners in the management of in-patients;</p> <p>Communicate with patients and (as appropriate) their families about patients' illness and treatment</p> <p>Prepare required paperwork on Friday prior to known or likely weekend discharges.</p> <p>Attend handover, Team and departmental meetings as required.</p>
Other Duties	Attend the operating room as required by the Registrar and/or Consultant

ADHB Neurosurgery House Officer Run Description –Effective 29 November 2010

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

<i>Area</i>	<i>Responsibilities</i>
Acute Call	<p>Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant;</p> <p>Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams or services as per the attached roster.</p>
On-Duty	<ul style="list-style-type: none"> When On Duty, be at the recognised workplace for the purpose of carrying out house officer duties.
Administration	<p>Be responsible for the accuracy and completeness of reports, patient notes and other official documentation written by the house officer. Ensure legible notes are written in patient charts at all times. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</p> <p>Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required;</p> <p>At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</p> <ul style="list-style-type: none"> Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <i>“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.”</i> <i>“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.”</i>

Section 2: Training and Education

<i>Area</i>	<i>House Officer Responsibility</i>	<i>Service Responsibility</i>
General	<p>Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare professionals in training assigned to their team;</p> <p>May be requested to teach other health care workers.</p> <p>Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc.</p>	<p>Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400 to 1700, and for their locators to be held on their respective home wards or by CETU during this time;</p>
Service specific	<p>Unless required for a medical emergency, the House Officer will attend the following</p> <ol style="list-style-type: none"> Neuroradiology session. 	

Section 3: Cover:

Other Resident and Specialist Cover

The 3 Neurosurgery House Officers will combine with 1 Neurology, 3 ORL and 1 Night Reliever House Officer to cover acute call between the hours of 1600 and 0800, when rostered on a night or long day duty.

Hours Of Work

Ordinary hours of work	Monday to Friday	0730hrs to 1600hrs
Acute Calls	Monday to Saturday	0730hrs to 2230hrs
Acute Calls	Sunday only	0730hrs to 2030hrs
Night	Monday to Saturday	2200hrs to 0800hrs
Night	Sunday only	2000hrs to 0800hrs

- The after hour duties will be rostered at a 1:9 ratio
- The House Officer will work one or more sets of night duties during the run. The night shifts will run from Friday till Thursday followed by three sleep days.
- The House Officer will have every alternate full weekend free of duty.

Section 4: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</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; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant. 	<p>The service will provide,</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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	11.80	
All other unrostered hours	10.21	
Total hours per week	62.01	

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