



RUN DESCRIPTION

POSITION:	House Officer – Urology Services
DEPARTMENT:	Surgical Services
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Clinical Director Urology/Manager Surgical Services
FUNCTIONAL RELATIONSHIPS:	There are 10 General Surgery House Officers, 2 Relievers and one Urology House Officer.
PRIMARY OBJECTIVE:	To facilitate safe and efficient management of patients under the care of Surgical Services.
RUN RECOGNITION:	This run is recognised by the New Zealand Medical Council as a Category C run for registration purposes.
RUN PERIOD:	13 weeks

Section 1: House Officer’s Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<ul style="list-style-type: none"> • Be responsible for the day to day management of urology/surgical patients as described in the following areas: <ul style="list-style-type: none"> ○ Admit, clerk and arrange basic investigation of acute and elective admissions within the framework of the acute roster (acute admissions general surgery). ○ Carry out with the Registrar, a daily ward round during ordinary hours and on Saturdays where rostered on duty; and a ward round with the Consultant at least twice per week. • Daily Ward Round commencing 0815hr • In respect of acute admissions: <ul style="list-style-type: none"> ○ Be available promptly to assess and investigate such patients. ○ In the event of the pressure of other duties, notify the Registrar of this. ○ Keep the Registrar informed of problems as they arise in the ward, or wherever else the House Officer may be caring for patients under the team’s care.

WDHB Urology House Officer Run Description- Effective 30 January 2012

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Area	Responsibilities
	<ul style="list-style-type: none"> • Within the hours rostered, be available to attend patients under their care at the request of the nursing staff. • Participate in the discharge process, particularly communication with the General Practitioner. • Attend to clerical matters to do with the patients, such as screening laboratory and radiology reports; writing discharge summaries and death certificates. • Write progress notes on each patient daily, and at other appropriate times. • Arrange weekly ward X-ray meeting.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol 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 Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. • As an RMO working at WDHB you will be provided with a Concerto login and a WDHB 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

Nature	Details
Protected Time	<p>Professional development of a House Officers skills and knowledge should occur during the run. All House Officers must attend their departmental meetings. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <ul style="list-style-type: none"> • HO Teaching Programme- Thursday 1230 to 1430 hours, Conference Room 1, NSH and Kawakawa Room WTH (unless advertised otherwise). This is protected

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<i>Nature</i>	<i>Details</i>
	<p>teaching time with the handing in of the pagers for monitoring by the Clinical Training Coordinator. Any urgent messages will be redirected to the team registrar.</p> <ul style="list-style-type: none"> • Practical Skills Training- Monday 1200-1400 hours, Seminar Room 1, Learning and Development, NSH (unless advertised otherwise). Consists of six different training modules run on a repeat cycle throughout the year. These modules have been designed to assist RMOs to maintain their skills in different ACLS procedures and practical skills. House Officers are expected to attend each module at least once during the training year. • Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital. • The Pathology Review as indicated on Team Timetable. • The Radiology Review as indicated on Team Timetable. • Journal Club on Monday at North Shore Hospital.

Section 3: Roster

Hours Of Work

Ordinary hours of work:

Monday to Friday	0730-1530 hours
Long day	0730-2230 hours
Night duty	2200-0800 hours

There will be 13 House Officers working on the surgical roster. This includes 10 General Surgery House Officers, 1 Urology, and 2 Relievers. The Relievers will provide cover for nights and leave.

Section 4: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer should meet with their team Consultant to discuss learning objectives at the commencement of the run using the Medical Council Form RP1.</p> <p>The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified, the Consultant will identify these with the House Officer who should implement a corrective plan of action under the advice of their Consultant.</p>	<p>The team Consultant to whom the RMO is attached will assess the performance of the House Officer and complete and forward a report to the Intern Supervisor, after discussion with the House Officer.</p> <p>The team Consultant will discuss learning objectives at the beginning of the run with the House Officer using the Medical Council Form RP1. The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified during the attachment, the Consultant to whom the House Officer is responsible will</p>

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<i>House Officer</i>	<i>Service</i>
<p>The House Officer should ensure they meet with their consultant at the end of run to complete the RP2.</p> <p>For additional support and advice the House Officers should discuss with their Intern Supervisor.</p>	<p>bring these to the House Officer's attention and discuss how they may be corrected.</p> <p>The team consultant will meet with the House Officer again at the end of run to complete the RP2 and forward to the intern supervisor.</p> <p>The Intern Supervisor receives the quarterly reports on probationary house officers, completed by the team consultant, and provides formal reports to the Medical Council for registration purposes e.g. for probationary registrants seeking general registration.</p>

Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40	
Rostered additional hours (inc. nights, weekends & long days)	16.83	
All other unrostered hours	8.60	
Total hours per week	65.43	

Salary

The Salary for this attachment will be as detailed in a Category A run.

- The **Reliever** will perform the duties of the House Officer they are relieving for.
- A++ Category
- General Surgery, Urology and Orthopaedics they are relieving and cover nights 1:6

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