

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	General Surgery
PLACE OF WORK:	North Shore Hospital
RESPONSIBLE TO:	Operations Manager, Clinical Director and Consultants Surgical Services
FUNCTIONAL RELATIONSHIPS:	Health Care Consumers, Hospital & community based health care workers
PRIMARY OBJECTIVE:	To facilitate safe and efficient management of patients under the care of the General Surgical Services
RUN RECOGNITION:	This clinical attachment is accredited by New Zealand Medical Council for prevocational training.
RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

Area	Responsibilities
Clinical Duties & Work Schedule	<p><u>WARD WORK REGULAR HOURS – All General Surgical Teams</u></p> <ul style="list-style-type: none"> • Attend Registrar and HO handover meeting each weekday morning • Attend and admit patients being admitted to the wards before surgery punctually at the times stated. • To carry out with the Registrar a daily ward round of patients and a ward round with specialists at least three times per week. • Within the scope of their own knowledge keep patients informed as to their progress, answer any questions relating to their illness and explain any new procedures. When this is outside the scope of their own knowledge refer questions to the Registrar or Consultant and make reasonable efforts to ensure they are addressed. • Undertake to maintain reasonable dialogue with relatives (with permission of the patient) and answer questions relevant to the patient's illness or refer these to the Registrar or Consultant. • Keep the Registrar and/or Specialists informed of problems as they arise on the ward or wherever else the HO may be caring for patients. • Maintain a close working relationship with the nursing staff and respond appropriately and in a timely manner to their concerns and requests regarding patient care

Area	Responsibilities
	<ul style="list-style-type: none"> • To undertake other duties as may be required from time to time by the Operations Manager General Surgery or the General Manager, Waitemata District Health Board • To attend to additional clerical matters to do with patients such as screening laboratory reports, writing discharge summaries and death certificates. Write up progress notes on patients as appropriate. • Prepare the list of X-rays to be seen at the weekly X-ray Conference. • If time permits, provide support and assistance to the acute admitting team <p><u>ACUTE ASSESSMENTS</u></p> <ul style="list-style-type: none"> • When on acute admissions (regular hours and afterhours) the House Officer will document history, examination findings and medication list in the Admission to Discharge planner and arrange basic investigations on acute patients. This may be as the first doctor to assess the patient or after Registrar review. • The House Officer will inform the Registrar of all acute admissions and assessments and as a shared responsibility with the Registrar formulate a management plan, document the plan and ensure it is implemented. • The House Officer will complete the acute assessment within a reasonable time frame. • In the event of pressure of other duties delaying this assessment they will notify the acute call Registrar. • If time permits the acute admitting House Officer will assist the ward call House Officer with their duties <p><u>WARD WORK AFTER HOURS</u></p> <ul style="list-style-type: none"> • Attend rostered Saturday morning ward round duties. • The House Officer will respond to calls from nursing staff to attend to ward patients requiring medical input. Ward assessment and changes in management will be documented in the notes • Serious issues and major changes in management will be discussed with the acute call Registrar • If the Registrar is unavailable to see a sick patient within a reasonable time frame then the patient's consultant or on call consultant should be contacted by the house surgeon directly. ICU Outreach is also available to assist. • If the patient is not on their team, the ward call House Officer will handover to the primary House Officer at the earliest opportunity regarding significant changes in that patient's status such as new complications, need for assessment by Medical registrars/HDU outreach or changes in medication. • To provide emergency care for patients after hours admitted under the ORL specialist. • After hours and at weekends the Surgical House Surgeon on duty will be responsible for Urology patients ward calls. • In addition during an after-hours shift, the participants on this run will also contribute to an after-hours team. The House Officers will work generically across General Surgery, Urology, Orthopaedics, General Medicine and Medical Specialties over this time, however will work in their designated service wherever possible.
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;

Area	Responsibilities
	<ul style="list-style-type: none"> • 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 (if after hours) directly as well as the Senior Registrar or Consultant on the team. • 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. • Complete an electronic discharge summary for all patients at the time of discharge.

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 teaching time with the handing in of the pagers for monitoring by the Team Leader Medical Education Training Unit. Any urgent messages will be redirected to the team registrar. • 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. • Attend the team Radiology and Pathology meetings (see the team timetable), and the weekly Departmental Audit meeting. • To attend the Department of General Surgery House Officer teaching Friday 1200 to 1300 hours.

Section 3: Roster

Hours Of Work

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

There will be 22 House Officers working on the surgical roster. This includes 17 General Surgery House Officers, 1 Urology House Officer and 4 Relievers. The Relievers will provide cover for nights and leave.

House Officers will be assigned a home team and supervisor, however are allocated to the Surgical service as a whole, with workload reviewed daily and shared across the House Officer positions. In distributing the workload both patient safety and the safety and experience of the RMO will be considered, with the intent to smooth patient load and avoid excess work load for individuals.

For example; If a General Surgery House Officer has a minimal patient load, with minimal tasks to complete on a given day, they may be required to assist another General Surgical team who is at capacity. This will not remove the need for cross cover payments where relevant situations exist.

There is a consistent work load Monday to Friday for 3 House Officers in the UGI/HPB team, 3 House Officers in the CR/LGI team and 5 House Officers for the HNBE team and daily staffing numbers will be maintained as this level. Remuneration will be as follows:

- 14 FTE will be remunerated as per the salary category in section 6 of the General Surgery run description
- 1 FTE will be remunerated as per the salary category detailed in the Urology House Officer run description
- 3 FTE will be remunerated as a relief run category which will be shared amongst the 17 General Surgery Hosue Officers contributing to the roster
- 4 FTE will be designated relief postions and will be remunerated as a relief run category

Section 4: Performance appraisal

House Officer	Service
<p>The House Officer will:</p> <ul style="list-style-type: none"> At the outset of the run, meet with their designated Clinical Supervisor to discuss learning objectives and expectations for the run review and assessment times and teaching. After any assessment that identifies deficiencies implement a corrective plan of action in consultation with their Clinical Supervisor. <p>For additional support and advice the House Officers should discuss with their Educational Supervisor.</p>	<p>The Service will ensure:</p> <ul style="list-style-type: none"> An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run review and assessment times and teaching. A mid-run meeting with an assessment report on the House Officer six (6) weeks into the run after a discussion between the House Officer and the Clinical Supervisor responsible. The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to the attendance to discuss and implement a plan of action to correct them. An end of run meeting and final assessment report on the House Officer, a copy of which is to be sighted and signed by the House Officer. For PGY 1 and PGY 2 House Officers, end of run meetings and assessments will be documented electronically via e-port.

Section 5: Hours and Salary Category

Average Working Hours	Service Commitments
<p>Basic hours 40.0</p>	<p>The service, together with RMO Support Unit will be responsible for the preparation of any rosters.</p>
<p>Rostered additional hours (inc. nights, weekends & long days) 11.59</p>	
<p>All other unrostered hours 10.80</p>	
<p>Total hours per week 62.39</p>	

Salary: The salary for this attachment is detailed as a Category B