RUN DESCRIPTION

Te Whatu Ora

Health New Zealand

POSITION:	House Officer – Renal		
DEPARTMENT:	Renal		
PLACE OF WORK:	Waitemata District Health Board – North Shore Hospital		
RESPONSIBLE TO:	Clinical Director and Operations Manager of Renal		
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers		
PRIMARY OBJECTIVE:	To facilitate the management of patients in the care of the Renal service, and		
	patients with renal problems admitted under other teams.		
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.		
RUN PERIOD:	13 Weeks		

Section 1: House Officer's Responsibilities

Area	Responsibilities		
General	Care of renal inpatients on ward 2, North Shore Hospital.		
	To undertake twice daily ward rounds with (or under supervision of) the ward renal registrar. At least three times weekly these will be consultant-supervised.		
	To undertake the ward work arising from these ward rounds and carry out treatment decisions expeditiously and correctly		
	To complete patient electronic discharge summaries prior to patient discharge and communicate with GP's be telephone to discuss treatment changes		
Acute admitting	The real ward is admitting and discharging patients on a continuing basis. The house officer will formally admit an write up the bulk of admissions occurring during working hours, with the assistance of the registrars as required.		
On-Duty	When On Duty, be at the recognised workplace for the purpose of carrying out House Officer duties.		
Administration	Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:		
	"The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes		

Area	Responsibilities	
	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."	
	 "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 provided with a Concerto login and WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly 	

	Monday	Tuesday	Wednesday	Thursday	Friday
0800 - 1200	Consultant Ward Round and consults	Ward round and consults	PGY2 Rostered training days* Ward round and consults 0900 MDT Meeting Ward 2	Ward round and consults 1030-1100 ID meeting 1100-1200 Renal transplant meeting	0800 MDT Meeting Ward 2 0830 Combined MDT teaching Ward round and consults
1200 - 1700	1500-1700 Paper Round/ Ward Round	1200-1300 Auckland Renal Transplant Group meeting Week 1 1400-1500 Radiology meeting Week 2 and 4 15001600 Renal Journal club weekly 1600-1700 Renal Histopathology Week 1 1600-1700 Paper Round/ Ward Round	1500-1700 Paper Round/ Ward Round	1200-1230 Renal RMO teaching (Renal offices) 1230 – 1430 PGY1 RMO teaching 1500-1700 Paper Round/ Ward Round	1500-1700 Paper Round/ Ward Round

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
0800 - 1200		PGY2 Rostered training days* 1st Tuesday of month 12-1pm Auckland Renal Tx Group meeting Videoconf LG floor		1030-1100 ID meeting 11-12pm Transplant Meeting (Renal offices)	Teaching (combined) ward round
1200- 1330	Department of Medicine Journal Club	Hospital Grand Round		12-1230 Consultant Renal teaching (Renal offices)	
pm		2-3pm 2 and 4 th Week Renal Radiology Meeting (LG floor) 3pm Weekly Renal journal club (Renal office) 4pm 1st Tuesday of month Renal Pathology Meeting (LG floor)		1230-1430 PGY1RMO teaching	

Note: dates and times for the sessions above may change.

There is a minimum of 2 hours per week medical learning, which includes the weekly tutorial, journal club and pathology session.

There is PGY1 house officer teaching on Thursday afternoons from 12:30 to 2:30pm.

The House Officer is expected to contribute to the education of nursing, technical staff and medical students when requested

^{*} There is PGY2 house officer teaching with 2 workshops each quarter. The dates will vary for each individual PGY2 house officer.

Section 3: Roster

Hours of work

Ordinary hours of work

08:00 - 16:00 Monday to Friday Ordinary Hours

08:00 – 2300 Weekday Long Days

08:00 - 18:00 Saturday and Sunday Weekend shifts for Renal Service - 1 in 5 weekends

Section 4: Cover

Other Resident and Specialist Cover

There are two Renal house officer's on duty between the hours of 0800 and 1600 Monday to Friday. There is an SMO available onsite between these hours.

Section 5: Performance appraisal

House Officer Responsibilities	Service Responsibilities	
The House Officer will:	The service will ensure:	
At the outset of the run meet with their designated Clinical supervisor to discuss their learning objectives and expectations for the run, review and assessment times, and one on one teaching time	 An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run, review and assessment times, and one on one teaching time; 	
After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor	 A mid-run meeting and assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor responsible for them; 	
	 The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to the House Officer's attention, and discuss and implement an agreed 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 end of run meetings and assessments will be documented electronically via e-port. 	

Section 6: Hours and Salary Category

In accordance with clause 12.1.2b of the SToNZ MECA, where there are week days completely free from rostered duties (RDOs), these days shall not be counted in the ordinary hours calculation as part of the run category. This excludes sleep recovery days that fall Monday through Friday. This will apply in the following circumstances:

- As per Appendix 3: Transition Provisions Translation to the Salary Categories in Clause 12 of the SToNZ MECA, where an RMO joins SToNZ and the published roster has weekday RDOs and these will be observed
- 2. There are week day RDOs as part of the roster

Where this applies the category for the run is set out below:

Average Working Hours - SToNZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will
RDO Hours	-2.46	be responsible for the preparation of any Rosters.
Rostered Additional	10.08	
All other unrostered Hours	12.75	
Total Hours	60.37	

Salary: The salary for this attachment will be detailed as a Category B run.

Where no weekday RDOs are observed, the following run category will apply:

Average Working Hours - SToNZ Run Category (not observing RDO's)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will
Rostered additional hours	10.08	be responsible for the preparation of any Rosters.
All other unrostered hours To be confirmed by a run review	12.75	
Total Hours	62.83	

Salary: The salary for this attachment will be detailed as a Category B run.