



# DESCRIPTION

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

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>Care of renal inpatients on ward 2, North Shore Hospital.</li> <li>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.</li> <li>To undertake the ward work arising from these ward rounds and carry out treatment decisions expeditiously and correctly</li> <li>To complete patient electronic discharge summaries prior to patient discharge and communicate with GP's by telephone to discuss treatment changes</li> </ul>
<b>Acute admitting</b>	<ul style="list-style-type: none"> <li>The renal ward is admitting and discharging patients on a continuing basis. The house officer will formally admit and write up the bulk of admissions occurring during working hours, with the assistance of the registrars as required.</li> </ul>
<b>On-Duty</b>	<ul style="list-style-type: none"> <li>When On Duty, be at the recognised workplace for the purpose of carrying out House Officer duties.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <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> </ol> </li> </ul>

Area	Responsibilities
	<p>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."</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• As an RMO working at WDHB you will be 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</li> </ul>

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

## Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
0800 - 1200		<b>PGY2 Rostered training days*</b>  1 <sup>st</sup> 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 <sup>th</sup> 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.

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

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

### Section 3: Roster

<i>Hours of work</i>
<p><u>Ordinary hours of work</u></p> <p><b>08:00 – 16:00</b> Monday to Friday Ordinary Hours  <b>08:00 – 2300</b> Weekday Long Days  <b>08:00 – 18:00</b> Saturday and Sunday Weekend shifts for Renal Service – 1 in 5 weekends</p>

### Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>There is one Renal house officer on duty between the hours of 0800 and 1600 Monday to Friday. There is an SMO available onsite between these hours.</p>

### Section 5: Performance appraisal

<i>House Officer Responsibilities</i>	<i>Service Responsibilities</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor</li> </ul>	<p>The service will ensure:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> <li>• For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-2.46	
Rostered additional hours	10.08	
All other unrostered hours	9.40	
Total hours per week	57.02	

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