

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Department of Critical Care Medicine
PLACE OF WORK:	Auckland City Hospital, Te Toka Tumai
RESPONSIBLE TO:	Overall responsible to the Service Clinical Director, DCCM Responsible to the Duty Intensivist for the performance of day-to-day clinical duties
FUNCTIONAL RELATIONSHIPS:	DCCM patients, Intensivists, nurses and ancillary staff Auckland City Hospital patients and healthcare workers outside of DCCM
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Department of Critical Care Medicine
RUN RECOGNITION:	This run is recognised by the Australian and New Zealand College of Intensive Care Medicine as foundation time to enter Intensive Care Medicine Training
RUN PERIOD:	3-month rotations

Section 1: House Officer' Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Patient Care and Service Delivery	<ul style="list-style-type: none"> • Caring for patients already in the DCCM and admitting patients who come directly to the DCCM. • Presentation of patients at ward rounds and handovers. • Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings. • Patient medical care planning in conjunction with the Duty Intensivist. • Ensuring that the 'plans of the day' are arranged and completed and that the results of investigations are written up on the charts. • General clinical duties-assessing patients, responding to nursing queries and concerns, meeting with visiting teams and coordinating care for the patient • Keeping the duty Intensivist and/or supervising registrars updated with changes in patients' conditions. • Inform named supervisor of the status of patients especially if there is an unexpected event • Monitor and review management plans in accordance with changes in the clinical condition of patients • Assist the Registrars with duties as able • Maintain a high standard of communication with the multidisciplinary team, patients and patients' whānau • Maintain a high standard of communication with hospital and community health professionals and other staff. • Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to that patient. This

<i>Area</i>	<i>Responsibilities</i>
	requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation of patient care orders • Maintain a satisfactory standard of documentation of patient admission, progress, significant events, and transfer or discharge in the clinical record • Be responsible for certifying death and completing appropriate documentation, ACC forms (including treatment injury) • Obtain informed consent for procedures within the framework of the Medical Council guidelines • Assist with research and audit • Contribute to the DCCM teaching programme

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Orientation	<ul style="list-style-type: none"> • Access to the DCCM Handbook for RMOs will be provided prior to commencing the run • For the first 2 weeks, the House Officer will have a registrar buddy each day that they are rostered to work • They will attend orientation with the registrars for the first 2 days of their rotation, followed by attending a more comprehensive orientation with the new registrars including credentialling on week 3 • They will be allocated a mentor for the duration of the rotation
Education	<ul style="list-style-type: none"> • A weekly DCCM medical education session is held on Tuesday afternoon 1330 – 1530hr • Weekly hot case practice for CICM part 2 preparation is held on Monday afternoon 1330-1530hr and can be observed with consent of part 2 candidates and patients/whānau • DCCM Morbidity and Mortality Review meetings and journal club (approx. every 5 weeks for each) • Daily bedside teaching from Intensivists and Fellows on ward rounds • “Clinical Pearls” teaching by SMOs at 2pm on Monday/Wednesday/Friday • “Hot Sim” MDT teaching on Thursdays at 2pm • The House Officer is expected to contribute to the education of nursing, technical staff and medical staff and students when requested like case presentation for learning purposes. • Protected training time of 2 hours per week will be allocated for CPE, professional self-development, medical learning and to attend teaching sessions with the training supervisor, and relevant teaching rounds.

Section 3: Roster

Roster template							
Hours of Work							
Day shifts (D)	0800 – 1700						
Evening shifts (E)	1330 – 2200						
	M	T	W	T	F	Sa	Su
1	D	D	D	D	D		
2	E	E	E			E	E
3			D	D	D		
4	E	E	E	E	E		
5	D	D	D		D	D	D
6			E	E	E		

Section 4: Cover:

Other Resident and Specialist Cover
<ul style="list-style-type: none"> Specialist intensivists provide 24 hour 7 day cover on a rostered system. A Duty Intensivist is either at the work place or immediately available by phone and able to return to the hospital immediately on receipt of a call. There is a second intensivist rostered as backup in case of emergency or difficulty accessing the Duty Intensivist. A Fellow in Critical Care Medicine also works in a junior specialist capacity. There will always be ICU registrars on site and available for direct supervision The HO will apply for leave as soon as possible, there will be no cover for leave as the HO job is supernumerary in nature from a clinical care perspective. Duties will be covered by the registrars, nurse practitioners and Intensivists while on leave.

Section 5: 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 their learning objectives 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 Clinical Supervisor 	<p>The service will provide:</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 one on one teaching time; 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 a plan of action to correct them; A mentor will be assigned to allow another means of

<i>House Officer</i>	<i>Service</i>
	<p>communication and advocacy</p> <ul style="list-style-type: none"> • 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. • Escalate any concerns to the PES (prevocational educational supervisor) or DCT (Director of clinical training) in a timely way

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic Hours (Mon-Fri)	37.90	The DCCM will be responsible for preparation of the roster
Unrostered hours <i>To be confirmed by a run review</i>	0.00	
Total hours per week	37.90	

Salary: The salary for this attachment is estimated to be a category **F** (paid a minimum of a C).