

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Older Adults Service
PLACE OF WORK:	Waitakere Hospital
RESPONSIBLE TO:	Assigned Consultant, Clinical Director and Operations Manager of the Older Adults Service.
FUNCTIONAL RELATIONSHIPS:	Consultants and Registrars in the Older Adults service and other members of the multidisciplinary team. Patients and family/whanau.
PRIMARY OBJECTIVE:	To facilitate the care of patients under the care of Older Adults Service.
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

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<ul style="list-style-type: none"> • Under the supervision of the Consultant and Registrar, facilitate the management of patients under the care of the Older Adults Service. • Undertake daily ward rounds either as the primary doctor or with the Registrar or Consultant according to the ward roster. Write progress notes on patients reflecting the assessment and management plan decided on during the ward round. • Keep patients informed of their progress. Answer as able any questions relating to their diagnosis and management and explain any procedures (or refer these questions to the Registrar or Consultant if needed). • With permission of the patient, liaise with relatives, and answer questions relevant to the patient's illness, or refer these to the Registrar or Consultant. • Admit, assess, and arrange investigations for acute and elective admissions to the ward. • Keep the Registrar and/or the Consultant informed of problems as they arise in the ward (or wherever else the House Officer may be caring for patients). • Review patients under their care, at the request of nursing staff. • Undertake rostered after hours duties in the Older Adults and acute medical wards, Waitakere Hospital. • Undertake such other duties as may be required from time to time by the Clinical Director, Older Adults Service. • Attend multidisciplinary ward meeting(s). Liaise as needed with other members of the multidisciplinary team to ensure a smooth and coordinated process of care. • Attend family conferences of patients under your care, as arranged at multidisciplinary team meetings. • Attend to additional matters required for patient care such as completing death certificates and preparing discharge letters (see below in more detail). • Sight and accept all laboratory and radiology results for patients under your care on a regular basis. Discuss abnormal or concerning results with the Registrar or Consultant. • In the event of the pressure of other duties leading to difficulty completing assigned duties, notify the Registrar, Consultant or Clinical Director. • Ask for advice or assistance from the Registrar or Consultant when required.

<i>Area</i>	<i>Responsibilities</i>
Administration	<ul style="list-style-type: none"> • Maintain a high standard of documentation in the files of patients. All clinical notes are to be signed, with a printed name and contact number legibly recorded. • Be responsible for certifying death and complete appropriate documentation. • 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 Officer 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 House Officer is clinically responsible in the absent duty as soon as possible. • As an RMO working at WDHB you will be provided with a Clinical Portal login and a WDHB email account which will be used for all work related communication. It is your responsibility to check this regularly.

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Time	<p>Professional development of a House Officer’s skills and knowledge should occur during the run. The House Officer will attend the following teaching sessions (unless attendance is required for a medical emergency):</p> <ul style="list-style-type: none"> • House Officer Teaching Programme – Wednesday 1200 – 1330 hours in Rata Room, Whenua Pupuke, NSH or Green Room at 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. • PGY2 teaching (as applicable) 0845 – 1600 hours as scheduled each quarter. • Weekly departmental educational meeting on Fridays at 1245 – 1300 hours in Korari Room, WTH. House Officers are expected to take responsibility for a presentation at least once per run. • Obtain supervised teaching from the ward Consultant, Registrar and ward pharmacist. • Monthly Morbidity and Mortality meetings as scheduled. • Grand Round on Tuesday 1230 – 1330 in Auditorium, Whenua Pupuke at NSH and Kawakawa Room at WTH. • Attend other educational events that are of interest and relevance, as possible depending on clinical commitments. • PGY1 and PGY2 House Officers will complete all Medical Council requirements for training. • (Note: as some teaching sessions occur at North Shore Hospital, “attendance” may take the form of participation via videoconference).

Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<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 identified 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 and assessment report 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 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

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	
RDO Hours	-4.57	
Rostered additional hours (inc. nights, weekends & long days)	15.86	
All other unrostered hours	4.31	
Total hours per week	-55.60	

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