

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Orthopaedic Surgery
PLACE OF WORK:	Auckland Hospital
RESPONSIBLE TO:	Clinical Director, Orthopaedic Service or nominated consultant surgeon and Business Manger of Orthopaedics
FUNCTIONAL RELATIONSHIPS:	Hospital based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Orthopaedic Deptarment
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for
RUN PERIOD:	13 Weeks

Section 1: House Officers Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> Assess acute patients and “transfer” admissions to the service by taking a history, performing a physical examination, constructing a problem list and formulating a management plan, in consultation with/under the supervision of Registrars and/or Consultants. See assigned patients on a daily basis (Monday to Friday) during rostered hours. Attend operating room as required by Registrar and/or Consultant Perform required procedures as directed by Registrar and/or Consultant. Liaise with other staff members, departments and general practitioners in the management of their patients. Communicate with patients and their families about patients’ illnesses and treatment where appropriate. Attend handover, team and departmental meetings as required.

Admitting	<ul style="list-style-type: none"> • Assess and admit Orthopaedic patients referred by ED or from the community, under the supervisor of Consultants and/or Registrars.
After Hours Duty	<ul style="list-style-type: none"> • When on duty after hours be in the hospital • Respond to requests by nursing staff and other members of medical staff to assess and treat in-patients under the care of other medical teams as detailed in roster.
Inpatients	<ul style="list-style-type: none"> • Attend ward rounds as required by the Registrar and/or Consultant. • Implement treatment of assigned patients (including ordering and following up of any necessary investigations) under the supervision of the Registrar and/or Consultant. • Ensure images are available for early morning review as required by the Registrar and/or Consultant. • Ensure relevant documents, e.g. discharge summary, medication and follow-up appointments are given to patient on discharge and as necessary. • When not on duty Friday evening or the weekend, inform the on-duty House Officer about patients whose condition requires monitoring and review.
Aministration	<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, date and time of consultation and locator number legibly recorded. • Request appropriate laboratory tests and sight and sign results. Notify abnormal results to the Registrar and/or Consultant as soon as practicable.

Section 2: Weekly Schedule

<i>Responsibilities</i>
<ul style="list-style-type: none"> • Make daily ward round of patients first thing each morning where possible. • Attend wards and perform ward duties as required. • Supporting Registrars with their on-call/admit duties • Attend operating room for self-educational purposes wherever possible.

Section 3: Education and Training

Nature	Details
Protected Time	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"> • Orientation at the beginning of the run • 8:00-9:00am each Tuesday morning weekly Departmental Education and Audit Meeting – Clinical Education Centre, Auditorium, 5th Floor, Auckland Hospital. • Attendance at Consultant teaching for one hour at designated time each week. • Attendance at formal House Officer Teaching Programme Tuesday 1-5pm. • Radiology Meeting 7:00-8:00am each Friday, 3rd floor Auckland Hospital.
<p><i>The House Officer is expected to contribute to the education of nursing and technical staff when requested.</i></p>	

Section 4: Cover

Other Resident and Specialist Cover

There are 10 House Officers on the run who combine with the 3 Urology House Officers and 3 relievers to provide cover for leave, Rostered Days Off (RDOs), sleep days and night duties for both the Urology and Orthopaedic services.

The 10 House Officers will work across 5 Orthopaedic teams. Each House Officer 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 an Orthopaedic House Officer has a minimal patient load, with minimal tasks to complete on a given day, they may be required to assist another Orthopaedic or Urology team who is at capacity.

This will not remove the need for cross cover payments where relevant situations exist.

Section 5: Roster

Hours of Work		
Ordinary Hours	Monday to Friday	0730 - 1530
Acute Admitting	Monday to Friday	0730 - 2230
Acute Admitting	Saturday to Sunday	0730 - 2230
Night Duty	Monday to Sunday	2200 – 0800
Ward Round	Saturday	0730 - 1530

Section 6: 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 goals and expectations for the run, review and assessment times and teaching. • After any assessment that identifies deficiencies, implement a corrective action plan in consultation with the 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 teaching. • 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. • The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these 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 end of run meetings and assessments will be documented electronically via e-port.

Section 7: 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 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 (RDO's are observed)		Service Commitments
Ordinary Hours (Mon – Fri)	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
RDO Hours	-2.62	
Rostered Additional	13.52	
All other unrostered Hours	4.33	
Total Hours	55.23	

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

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

Average Working Hours		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	13.52	
All other unrostered hours	4.33	
Total Hours	57.85	

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