

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Reablement Service/Older Peoples Health
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Service Lead Clinician
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers
PRIMARY OBJECTIVES:	To facilitate the management of patients under the care of Medical Services. After hours this includes the facilitation of the management of patients under the auspices of the after hours team (General Medicine, Medical Specialties, Older People's Health and Mental Health Services).
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
RUN PERIOD:	3 months

Section 1: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level; Manage the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar or Consultant, also organise relevant investigations, ensure the results are followed up, sighted and electronically signed; Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends); Maintain a high standard of communication with patients, patients' families and staff; Inform registrars/consultants of the status of patients especially if there is an unexpected event;

Area	Responsibilities
	<ul style="list-style-type: none"> • Liase with other staff members, departments, and General Practitioners in the management of in-patients • Attend hand-over, team and departmental meetings as required. • Communicate with patients and (as appropriate) their families about patients' illness and treatment • Prepare required paperwork on Friday prior to known or likely weekend discharges. • Outside the hours of 0800-1600 Monday to Friday an "after hours team" is in operation. During this period of time House Officers work generically across General Medicine, Medical Specialties, Older People's Health and Mental Health Services on a "first past the post system". <p>NB – Where "team" is used in this run description, this applies equally to the team to which you are rostered for the run as well as any team to which you are assigned for after hours duties.</p>
Acute Admitting	<ul style="list-style-type: none"> • Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant; • Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams, services or after hours team as per the attached roster.
On-Duty	<ul style="list-style-type: none"> • When On Duty, be at the recognised workplace for the purpose of carrying out house officer duties
Administration	<ul style="list-style-type: none"> • Be responsible for the accuracy and completeness of reports, patient notes and other official documentation written by the house officer. Ensure legible notes are written in patient charts at all times. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1. <i>"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."</i> 2. <i>"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."</i>

Section 2: Training and Education

<i>Area</i>	<i>House Officer Responsibility</i>	<i>Service Responsibility</i>
General	<ul style="list-style-type: none"> • Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare professionals in training assigned to their team; • May be requested to teach other health care workers. • Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc. 	<ul style="list-style-type: none"> • Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400 to 1600, and for their locators to be held on their respective home wards or by CETU during this time
Service specific	<p>Unless required for a medical emergency, the House Officer will attend the following</p> <ol style="list-style-type: none"> i. OPH Teaching Sessions Monday 1230 -1330 ii. Weekly Physicians' Grand Round Thursday 1200 to 1300 iii. Intern teaching sessions each Tuesday from 1400-1700 <ul style="list-style-type: none"> • Other training, including multi-disciplinary meeting and clinical skills courses as advised by each team's consultants 	

Section 3: Cover:

Other Resident and Specialist Cover

The 9 Older People's Health House Officers will combine with the 7 Mental Health House Officers (which includes one reliever) and the 14 General Medicine House Officers to provide shared cover between the hours of 2200-0800 and will work as a member of the after-hours team, covering General Medicine, Medical Specialties and Mental Health (this includes Te Whetu Tawera, Fraser McDonald and Child Family units) in accordance with the attached roster.

There are 9 house officers on this run plus a night reliever who will rotate between Older People's Health and Mental Health to cover the duties of the House Officer assigned to night duty.

The House Officers will work rostered on duty hours as per the attached roster

The House Officers will work one or more period of nights during the run.

Between the hours of 0800-1600 Monday to Friday and 1600 – 2200 Monday to Sunday, the Older People's Health House Officers will principally be responsible for covering Awatea, Marino, Rangitoto and Remuera Wards.

All patients otherwise admitted to the medical wards or the outlying non-medical wards will become the responsibility of the ward teams as assigned at handover.

Older People's Health House Officers will participate in OPH rounds on the weekend between the hours of 0800-1600 Saturday and Sunday.

There will be a handover meeting at 2200 in the Handover room at APU for all House Officers.

2 House Officers will be assigned to Ward 51 and will only be required to work on that ward with the exception of after hours duties.

The remaining 7 House Officers are allocated to the Reablement/OPH service , with workload reviewed daily and shared across the House Officer positions.

There is a consistent workload Monday to Friday (ordinary hours) for 8 House Officers and daily staffing numbers will be maintained at this level. Only where numbers fall below that level will cover or additional remuneration be provided.

Section 4: 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 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 goals and expectations for the run, review and assessment times, and teaching. An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor. 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 final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer. For PGY1 and PGY2 House Officers, end of run meetings and assessments will be documented electronically via e-port.

Section 5: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>										
<table> <tr> <td>Basic hours (Mon-Fri)</td> <td style="text-align: right;">40.00</td> </tr> <tr> <td>RDO Hours</td> <td style="text-align: right;">-3.56</td> </tr> <tr> <td>Rostered additional hours (inc. nights, weekends & long days)</td> <td style="text-align: right;">11.44</td> </tr> <tr> <td>All other unrostered hours</td> <td style="text-align: right;">2.58</td> </tr> <tr> <td>Total hours per week</td> <td style="text-align: right;">50.46</td> </tr> </table>	Basic hours (Mon-Fri)	40.00	RDO Hours	-3.56	Rostered additional hours (inc. nights, weekends & long days)	11.44	All other unrostered hours	2.58	Total hours per week	50.46	<ul style="list-style-type: none"> The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
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Salary: The salary for this attachment is a **Category D** run.