



# **RUN DESCRIPTION**

POSITION:	Senior 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:	6 month rotations		

### Section 1: Senior House Officer's Responsibilities

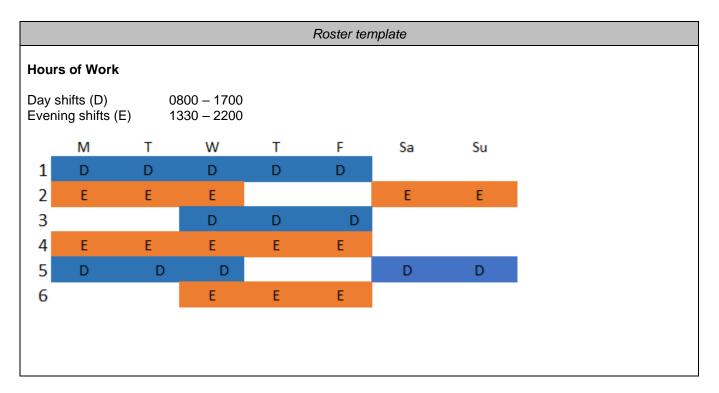
Area	Responsibilities				
Patient Care and Service	<ul> <li>Caring for patients already in the DCCM and admitting patients who come directly the DCCM.</li> </ul>				
Delivery	Presentation of patients at ward rounds and handovers.				
	Attend team and departmental meetings as required				
	Patient medical care planning in conjunction with the Duty Intensivist.				
	<ul> <li>Ensuring that the 'plans of the day' are arranged and completed and that that the results of investigations are written up on the charts.</li> </ul>				
	<ul> <li>General clinical duties-assessing patients, responding to nursing queries and concerns, meeting with visiting teams and coordinating care for the patient</li> </ul>				
	<ul> <li>Keeping the duty Intensivist and/or supervising registrars updated with changes in patients conditions.</li> </ul>				
	Assist the Registrars with duties as able				
	<ul> <li>Maintain a high standard of communication with the multidisciplinary team, patients and patients' whānau</li> </ul>				
Administration	Maintain a satisfactory standard of documentation of patient care orders				
	<ul> <li>Maintain a satisfactory standard of documentation of patient admission, progress, significant events, and transfer or discharge in the clinical record</li> </ul>				

Area	Responsibilities
	Be responsible for certifying death and completing appropriate documentation, ACC forms (including treatment injury)
	<ul> <li>Obtain informed consent for procedures within the framework of the Medical Council guidelines</li> </ul>
	Assist with research and audit
	Contribute to the DCCM teaching programme

# **Section 2: Training and Education**

Nature	Details		
Orientation	<ul> <li>Access to the DCCM Handbook for RMOs will be provided prior to commencing the run</li> </ul>		
	<ul> <li>For the first 2 weeks, the SHO will have a registrar buddy each day that they are rostered to work</li> </ul>		
	<ul> <li>They will attend orientation with the registrars for the first 2 days of week 3 of their rotation, followed by credentialling on the afternoon of the 3<sup>rd</sup> day.</li> </ul>		
	They will be allocated a training supervisor and mentor for the duration of the rotation		
Education	<ul> <li>A weekly DCCM medical education session is held on Tuesday afternoon 1330 – 1530hr</li> </ul>		
	<ul> <li>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</li> </ul>		
	<ul> <li>DCCM Morbidity and Mortality Review meetings and journal club (approx.every 5 weeks for each)</li> </ul>		
	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		
	<ul> <li>The SHO is expected to contribute to the education of nursing, technical staff and medical staff and students when requested</li> </ul>		

#### Section 3: Roster



#### Section 4: Cover:

#### Other Resident and Specialist Cover

- 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
- There will be no cover for leave as the SHO 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**

SHO	Service
The SHO will:	The service will provide:
<ul> <li>At the outset of the run meet with their Supervisor of Training (SOT) to discuss goals and expectations for the run</li> <li>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their SOT and the other intensivists</li> </ul>	<ul> <li>A Supervisor of Training (SOT) to discuss goals and expectations for the run</li> <li>An interim assessment for the SHO approximately three months into the run</li> <li>The opportunity to discuss any deficiencies identified during the attachment</li> <li>A final assessment report on the SHO at the end of the run, a copy of which is to be sighted and signed by the SHO</li> <li>A mentor will be assigned to allow another means of communication and advocacy</li> </ul>

SHO	Service
	Any required MCNZ or other paperwork will be completed by the SOT

## **Section 6: Hours and Salary Category**

Average Working Hours		Service Commitments
Basic Hours (Mon-Fri)	37.90	The DCCM will be responsible for preparation of the SHO roster
Unrostered hours  To be confirmed by a run review	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**).