

## RUN DESCRIPTION

<b>POSITION:</b>	Senior House Officer
<b>DEPARTMENT:</b>	ICU (Intensive Care Unit)
<b>PLACE OF WORK:</b>	North Shore Hospital Health New Zealand Waitemata District
<b>RESPONSIBLE TO:</b>	Clinical Director Intensive Care Unit & Manager of Acute Services
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers Hospital based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the safe and effective management of patients under the care of the Intensive Care and High Dependency Unit, and to assist when appropriate in the management of seriously ill patients elsewhere within North Shore Hospital.
<b>RUN RECOGNITION:</b>	Medical Council and/or College Recognition
<b>RUN PERIOD:</b>	6 months

### Section 1: Responsibilities

Area	Responsibilities
<b>General</b>	<ul style="list-style-type: none"> <li>General responsibility in conjunction with the duty Registrar for the admission of critical care patients from within North Shore Hospital or where transferred from other hospitals. However, note that the final decision for admission of a patient to the ICU/HDU is made by the duty ICU specialist and must be discussed with the latter.</li> <li>Assist the duty intensive care specialist in the resuscitation and day to day management of patients within the ICU/HDU.</li> <li>-General responsibility in conjunction with the duty Registrar for the process of transfer to another NSH ward, or discharge outside NSH (eg to another hospital), of critical care patients. However, note that the final decision for transfer or discharge is made by the duty ICU specialist and must be discussed with the latter.</li> <li>Keep the duty Registrar and duty ICU specialist informed about the state of ICU/HDU patients, particularly the critically ill ones and/or those which may need complex technical skills to resuscitate.</li> <li>Through the hours rostered, to be immediately available to respond to nursing staff requests to see patients urgently in the unit.</li> <li>To liaise closely with the nurse coordinator of each shift, particularly re patient admissions and transfer/ discharges.</li> <li>Ensure that in the event of a consultation being requested by another service or ward, the patient is promptly assessed and the duty Registrar and duty ICU</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• specialist is made aware of the problem.</li> <li>• To assist in the transfer of critically ill patients within NSH or to another hospital as thought appropriate by the duty ICU specialist.</li> <li>• Assist the duty Registrar to manage the cardiac arrest pager (as part of the NSH cardiac arrest team) during rostered hours. Calls through to this pager include cardiac arrest calls, trauma calls, medical emergency calls, maternal emergency calls, and standard consultations.</li> <li>• Where the ICU has agreed to advise in management of a patient on the ward, to assist the duty Registrar to liaise with the ward medical/ surgical team and to do repeated re assessments of the patient as necessary.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> <li>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>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.”</li> <li>2. “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.</li> </ol> </li> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the ICU/HDU directly or the RMO Support Unit (Duty Manager after hours) directly as well as the Consultant to which the registrar is clinically responsible in the absent duty.</li> <li>• As an RMO working at Waitemata District you will be provided with a Concerto login and a Waitemata District email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> </ul>

## Section 2: Training and Education

Nature	Details
Protected Time	<p>The Senior House Officer will attend (unless attendance is required for emergencies in the unit), the:</p> <ul style="list-style-type: none"> <li>• ICU teaching session (weekly, on Tuesday)</li> <li>• ICU Journal Club alternate Thursday mornings</li> <li>• M + M every second month (on Tuesday, in lieu of teaching, attendance mandatory)</li> </ul>

## Section 3: Roster

### Hours Of Work

The Senior House Officer position will participate on the 10 Week Registrar roster and will always work with a Registrar on Night shifts. There is a full rotating shift system in operation. This roster contains Registrars and a Senior House Officer. However, the nature and timing of the Senior House Officers contribution will depend on their previous experience and progress in the run. The Senior House Officer will not be rostered to duties alone in the service.

The Rostered shifts and hours of work for the Senior House Officer are:

- Short Day Shifts 0800 -1600
- Long Day shifts 0800 – 2100
- Evening Shifts 1500 – 2300
- Night shifts 2000 – 0900
- Short night 2300 – 0800
- Relief 0800 - 2000
- Rostered Teaching 1000 -1200 (approx) may sometimes be via video conference

WDHB NSH ICU PROPOSED ROSTER TEMPLATE							
SENIOR HOUSE OFFICER							
	M	T	W	T	F	S	S
Week 1	D	D	N	N			
Week 2		T		SE	N	N	N
Week 3		(T)				D	D
Week 4	N	N					
Week 5		T	D	D	D		
Week 6		S(T)	S	S	S		
Week 7	SE	SE	SE			S	S
Week 8	S	T			SE	SE	SE
Week 9	SN	SN					
Week 10	S	S(T)	SN	SN			

KEY			
Code	Description	Time	Hours
D	Short Day	0800-1600	8
S	Long Day	0800 - 2100	13
SE	Evening	1500 - 2300	8
N	Nights	2000-0900	13
SN	Short Night	2300-0800	9
R	Relief	Relief	12
T	Teaching	1000-1200 (approx)	

Average weekly hours on duty over a roster cycle (10 weeks) are 37.81

Number of weekends on duty 1:4

## Section 4: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The –Senior House Officer will:</i></p> <ul style="list-style-type: none"> <li>• Ensure they arrange a formal meeting with their supervising consultant to assess and discuss their performance at the beginning of the attachment, and again at three and six months.</li> <li>• If deficiencies are identified, the Consultant will identify these with the Senior House Officer who should implement a corrective plan of action under the advice of their Consultant.</li> </ul>	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"> <li>• an initial meeting between the Consultant and Senior House Officer to discuss goals and expectations for the run, review and assessment times, and one on one teaching time.</li> <li>• an interim assessment report on the Senior House Officer three (3) months into the run, after discussion between the Senior House Officer and the Consultant responsible for them;</li> <li>• the opportunity to discuss any deficiencies identified during the attachment. The ICU Clinical Director and/or the ICU Supervisor of training will bring these to the Senior House Officer’s attention, and discuss and implement a plan of action to correct them;</li> <li>• a final assessment report on the Senior House Officer at the end of the run, a copy of which is to be sighted and signed by the Senior House Officer.</li> <li>• Performance will be assessed by the ICU supervisor of training and the ICU clinical director, along with assessments from the other ICU specialists. .</li> <li>• The training senior house officer’s career process will be supervised by a consultant of their primary speciality, who may be different from the consultants named above.</li> </ul>

## Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	37.75	
All other unrostered hours <i>(to be confirmed by a run review)</i>	0.06	
Total hours per week	37.81	

ICU rosters are shift work runs, and therefore paid 2 categories above their average hours worked.

**Salary:** The salary for this attachment is detailed as a Category **F** run, paid as a Category **C**.