

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	General Medicine
PLACE OF WORK:	Auckland City Hospital
RESPONSIBLE TO:	Service Clinical Director of General Medicine, through a nominated Consultant.
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"> • Work closely with the team, provide supervision and share responsibilities where and when appropriate. • Assist with the assessment and admission of acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Consultant/Registrar also organise relevant investigations, ensure the results are followed up, sighted and electronically signed; • Responsible for patient referrals and day to day ward management of patients under their team's care, in consultation with others involved in the care of the patient where

<i>Area</i>	<i>Responsibilities</i>
	<p>appropriate;</p> <ul style="list-style-type: none"> • Maintain a high standard of communication with patients, patients' families and staff; • Inform the registrar of the status of patients especially if there is an unexpected event; • Attend hand-over, team and departmental meetings as required. • Assist with teaching of other team members including students and other healthcare professionals • Between the hours of 2200 and 0800 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 – While '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>
Admitting	<ul style="list-style-type: none"> • Assess and admit General Medical patients referred by ED or from the community and other medical subspecialties and Mental Health patients when required by the attached roster
Ward Review	<ul style="list-style-type: none"> • Assess and manage patients as requested by other medical professionals within the General Medical Service and other hospital patients as required
Acute Call	<ul style="list-style-type: none"> • Review and manage all referred patients to the General Medical Service or after hours team. • Advise to and liase with GP's and other hospital medical staff on medical matters; • Participate in the acute cardiac resuscitation team
Inpatients	<ul style="list-style-type: none"> • When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the clinical director; • Ensure x-rays are organised for weekly team radiology session; • Ensure relevant documents, e.g. discharge summary, medication card prescriptions and follow-up appointments are given to patient on discharge as necessary. • Ensure weekend plans for patient's management are documented in the notes; • When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review; • Complete documentation on Friday prior to known or likely weekend discharges.
Administration	<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 and locator number legibly recorded;

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	<ul style="list-style-type: none"> • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Assist with discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion; • 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> • If absent due to unexpected circumstances (e.g. health, other), contact the RMOSU or Duty Manager directly as well as the Consultant to which the House Officer is clinically responsible in the absent duty.

Section 2: Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
	All Other times available for ward/admitting/rostered duties				
a.m.	0800 – 0830 Handover	0800 – 0830 Teaching. Level 9 conference room.	0800 – 0830 Handover 1100 – 1200 Departmental Teaching. John Henley room.	0800 – 0830 Handover	0800 – 0830 Handover
p.m.		1400-1700 HO Teaching		1200 – 1300 MSL/GR	
	<ul style="list-style-type: none"> • Radiology conference (1hr) / ward teaching (1hr) and clinics (3 hrs) will vary by Medical Team • Monthly QA Meetings –Fridays 08.30-09.30 • Where teaching is held between 0800 – 0830 the House Officer will not be required to attend handover 				

NB times for Grand Round and other teaching are subject to change

Section 3: Cover:

Other Resident and Specialist Cover

There are 14 General Medicine House Officers, 2 RDO/Night Rotators and 1 Night Reliever which contribute to the General Medicine Roster.

In general the Registrar and House Officer will spend two weeks with their team working on the acute admitting floor. This will include the admission of patients, post acutes and may include rounding on the patients on level 2.

The House Officer and Registrar will then rotate to the wards for four weeks, during which time they will admit patients to the ward, complete a daily ward round (with the exception of weekends, unless otherwise rostered) and all other ward work as required.

There is a consistent workload Monday to Friday (ordinary hours) for 12 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.

Each weekday morning following an admission period, patients remaining in ED, APU or on APU overflow ward will remain the responsibility of the acute team.

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.

Weekday overnight patients will be allocated to teams at morning handover

Weekend overnight patients will be distributed to the admitting teams of the day before.

In the evenings (1600-2230) the **AL** call house officer will cover APU/ED and admitting and the **WL** call House Officer will cover the General Medical wards.

General Medicine House Officers will be required to work night duties. At night (2200-0800) the House officer will work as a member of the after hours team covering General Medicine, Medical Subspecialties, Older People's Health and Mental Health (this includes Te Whetu Tawera, Child Family and Fraser McDonald units). House officers will work one or more periods of nights during the run in separate periods of 3 and 4 nights. There will be a handover meeting at 2200 in the Handover room at APU for all House officers who are rostered to a long day or night shift duty.

House Officers will be assigned a home team and supervisor, however are allocated to the Medicine 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 a General Medicine House Officer has a minimal patient load, with minimal tasks to complete on a given day, they may be required to assist another General Medicine team who is at capacity or another Medical service. This will not remove for cross cover payments where relevant situations exist.

Section 4: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p><i>The House Officer will:</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and House Officer to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. • An interim assessment report on the House Officer six weeks into the run, after discussion between the Registrar and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the House Officer will bring these to the House Officers 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

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:

1. 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
2. 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 - STONZ Run Category (RDO's are observed)		Service Commitments
Ordinary Hours (Mon-Fri)	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-4	
Rostered Additional (inc. nights, weekends & long days)	12.5	
All other unrostered Hours	3.08	
Total Hours	51.58	

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

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

Average Working Hours - STONZ Run Category (RDO's are worked)		Service Commitments
Ordinary Hours	40	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional (inc. nights, weekends & long days)	12.5	
All other unrostered hours Run review completed 08/09/2024	3.08	
Total Hours	55.58	

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