

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Rehabilitation and Services for Older People, Intermediary Care Services.
PLACE OF WORK:	Counties Manukau District including Middlemore Hospital and other related sites.
RESPONSIBLE TO:	Service Manager and Clinical Director through their supervising Consultant(s) and the Clinical Head.
FUNCTIONAL RELATIONSHIPS:	Health care consumers. Hospital and community based health care workers.
PRIMARY OBJECTIVE:	To facilitate the management of inpatients under the care of Rehabilitation and Services for Older People.
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties	<ul style="list-style-type: none"> The House Officer will attend acute and elective admissions to the Department, construct a problem list, complete MSQ sheet, and request basic investigations on admission (clinical indicator). Inpatients will be attended daily on weekdays and particular attention paid to problem list. The House Officer will admit, document clearly and manage medically all patients admitted into the ward under supervision of the named consultant. The House Officer will be responsible for attending ward rounds, arranging investigations, obtaining results, as well as the day to day medical care of the patients. The House Officer will also be expected to attend the multidisciplinary meetings, x-ray conferences and some family meetings. The House Officer will attend ward rounds and will actively participate in the management of patients, following Consultant and Registrar advice and when neither of these is available on site seeing patients and seeking assistance as appropriate. The House Officer is expected to liaise with the other health professionals in the unit to ensure the required level of coordinated care to patients. This may include meeting each morning with the Charge Nurse of their unit. House Officers are expected to ensure their patients are safely and efficiently handed over. The House Officer will maintain a high standard of communication with patients, patients' families and staff. The House Officer will confer at all times with other clinical team members regarding rehabilitation / discharge planning and progress of patients.

Area	Responsibilities
	<ul style="list-style-type: none"> • During weekdays the House Officer is expected to perform ward calls on patients in AT&R, and Medical wards if on call in the evening with referral to the Subspecialty Registrar on site if required, and support from the on call Renal Registrar/HMO and AT&R SMO if needed. • At weekends the AT&R House Officer will work with one of the General Medicine Registrars on the Medical ward to admit both General Medicine Subspecialty patients to the ward when rostered on call. The House Officer is also expected to perform ward calls on patients in the appropriate assigned wards if on call for General Medicine. • Clinical skills, judgement and knowledge are expected to improve during the attachment. • CMDHB Clinical Board policies are to be followed at all times.
Administration	<ul style="list-style-type: none"> • Legible notes will be written in patient charts on admission, daily on weekdays and whenever management changes are made, and comply with CMDHB documentation policy. • All instructions (including drugs, IV fluids and instructions for nursing) will be accurately and legibly recorded and legibly signed. • Appropriate laboratory tests will be requested and results sighted and electronically accepted on a daily basis. Abnormal results must be discussed with the Registrar and or Consultant. Referrals will be made at the Consultant's request to other specialists/units, clearly stating the problem to be addressed. • Discharge documentation should be completed prior to the patient being discharged. Patients will receive a copy of the comprehensive Electronic Discharge Summary (EDS), a prescription, and follow up appointment if required. Where early GP follow up is anticipated or the case is complicated the House Officer should ensure the GP is updated by telephone. • The House Officer may, at the Registrar's request, be responsible for completion of death certificates of patients who had been under their care. • The House Officer is expected to attend the AT&R weekly clinical teaching. There is mandatory attendance at the monthly Mortality Review Meeting and the quarterly Orientation and Quality Assurance meetings (unless on urgent clinical duties). • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 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." 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." • If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty

Section 2: Training and Education

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0815 – AT&R Handover	0815 – AT&R Handover	0815 - AT&R Handover 1200 – AT&R clinical teaching	0815– AT&R Handover	0815– AT&R Handover 0830 X-ray conference
p.m.	1215 – SACS Lecture Series (every 4 th week) 1200 – House Officer Teaching			12.15 – Medical Grand Round	

Note: dates and times for the sessions above may change.

Other teaching is available depending on the sub-speciality of interest. Please refer to the intranet (Paanui) for days and times.

<i>Education</i>
There will be a minimum of 3 hours educational sessions per week. Occasionally, urgent medical commitments may interrupt these meetings.
<i>Research</i>
It is not anticipated that house officers will be directly involved in research.

Section 3: Roster

<i>Roster</i>
<p>Hours of Work</p> <ul style="list-style-type: none"> • Up to 4 long days in 4 weeks Monday to Friday 0800-2230 • 1 in 4 weekends 1x 0800-2230, 1 x 0800-1600 • Up to 14 nights in 13 weeks * 2200-0800 • Monday to Friday 0800-1600 <p>Nights</p> <p>There will be a consistent workload for minimum staffing levels of 3 House Officers rostered to night duty to cover for General Medicine, Medical Specialties, AT&R and Mental Health Services.</p> <p>Weekday Long Days</p> <p>There will be a consistent workload for minimum staffing levels of 8 House Officers rostered to weekday long days (Monday-Friday).</p> <p>Weekends</p> <p>A consistent workload for minimum staffing levels of 6 House Officers rostered to weekend long and short days Saturday and Sunday. This is inclusive of the medical specialty house officer weekend long and short days.</p> <p>Please note – within the published roster/roster template there are additional long days and weekends rostered. This is to provide buffer for both planned and un-planned leave and these shifts are over and above the minimum staffing levels outlined above. Cross cover payments would not apply where the additional/buffer shifts are not filled as these shifts are above minimum staffing levels. House Officers will be assigned a home team and supervisor, however are allocated to the Medicine service as a whole, with workload reviewed regularly and shared across the division.</p> <p>During an after hours shift, the participants on this run will contribute to an after hours team. The house officers will work generically across General Surgery, Orthopaedics, Plastic Surgery, General Medicine, Medical Specialties and Mental Health Services over this time, however will work in their designated service wherever possible. House Officers will assist with admitting when ward duties are complete.</p> <p>*First year house surgeons (class 1 and 2 probationers) shall not do night shifts in first six months of employment, unless they have completed a general medical run in which circumstance they will not be rostered onto nights for the first three months of employment.</p>

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 their learning objectives and expectations for the run, review and assessment times, and one on one teaching time. • After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. 	<p>The service will ensure:</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 one on one teaching time; • 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 for them; • The opportunity to discuss any deficiencies

<i>House Officer</i>	<i>Service</i>
	<p>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 an agreed plan of action to correct them;</p> <ul style="list-style-type: none"> • 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 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	-3.81	
Rostered Additional (inc. nights, weekends & long days)	16.47	
All other unrostered Hours To be confirmed by a run review	3.90	
Total Hours	56.56	

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 - 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)	16.47	
All other unrostered hours To be confirmed by a run review	3.90	
Run review completed 17 Mar 2024		
Total Hours	60.37	

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