

## **RUN DESCRIPTION**

<b>POSITION:</b>	<b>HOUSE OFFICER</b>
<b>DEPARTMENT:</b>	Respiratory
<b>PLACE OF WORK:</b>	Auckland City Hospital
<b>RESPONSIBLE TO:</b>	Service Clinical Director of Respiratory Services through nominated Registrar and Specialist Consultant
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumer, Hospital and community based healthcare workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate the management of patients under the care of the Respiratory Service. 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).
<b>RUN RECOGNITION:</b>	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
<b>RUN PERIOD:</b>	3 months

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

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level;</li> <li>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 signed;</li> <li>Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends);</li> <li>Maintain a high standard of communication with patients, patients' families and staff;</li> <li>Inform registrars/consultants of the status of patients especially if there is an unexpected event;</li> <li>Liase with other staff members, departments, and General Practitioners in the</li> </ul>

Area	Responsibilities
	<p>management of in-patients;</p> <ul style="list-style-type: none"> <li>• Communicate with patients and (as appropriate) their families about patients' illness and treatment</li> <li>• Prepare required paperwork on Friday prior to known or likely weekend discharges.</li> <li>• Attend handover, Team and departmental meetings as required.</li> <li>• Between the hours of 2200 - 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".</li> <li>• 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.</li> </ul>
<b>Acute admitting</b>	<ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>
<b>On-Duty</b>	<ul style="list-style-type: none"> <li>• When On Duty, be at the recognised workplace for the purpose of carrying out house officer duties.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• 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 contact number legibly recorded;</li> <li>• Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required;</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. <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></li> <li>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></li> </ol> </li> </ul>

## Section 2: Training and Education

Area	House Officer Responsibility	Service Responsibility
<b>General</b>	<ul style="list-style-type: none"> <li>• Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Provide every opportunity to attend the House Officer Teaching programme each Tuesday from 1400</li> </ul>

<i>Area</i>	<i>House Officer Responsibility</i>	<i>Service Responsibility</i>
	<p>professionals in training assigned to their team;</p> <ul style="list-style-type: none"> <li>• May be requested to teach other health care workers.</li> <li>• Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc.</li> </ul>	<p>to 1700, and for their locators to be held on their respective home wards or by CETU during this time;</p>
<b>Service specific</b>	<p>There will be a half-day orientation on the first day of the attachment, including tutorials on common clinical conditions the House Officer may encounter on call.</p> <p>Unless required for consultant ward rounds or a medical emergency, the House Officer will also attend the following</p> <ol style="list-style-type: none"> <li>i. Thoracic MDM</li> <li>ii. Pathology Meeting</li> <li>iii. Journal Club</li> <li>iv. Academic lecture</li> <li>v. Chest Medical Conference</li> </ol> <p>In addition the House Officer is encouraged to attend Registrar topic teaching (Fridays 13:00pm, and Sleep meeting (Thursdays 1200-1345pm )</p>	

### Section 3: Cover

- There are 2 House Officers on this run
- The House Officers will work rostered duty hours as in the attached roster.
- The House Officers will work two or more periods of nights during the run.

<i>Other Resident and Specialist Cover</i>
<p>The Respiratory House Officer's will combine with Haematology, Rehab, Renal, Neurology Oncology and Gastroenterology House Officer's to provide cover for the medical specialty and Ward 51 services outside the hours of 0800 – 1600 Monday to Friday</p> <p>Between the hours of 1600-2200 Monday – Friday and 0800-2200 Saturday and Sunday the House Officer will be rostered to either Medical Specialties and/or Medical Admitting</p> <p>Between the hours of 2200-0800 the on duty acute call house officer will work as a member of the after hours team, covering General Medicine, Medical Specialties and Mental Health (this includes the Te Whetu Tawera and Fraser MacDonald units) in accordance with the attached roster.</p>

### Section 4: Roster

Ordinary hours of work	Monday to Friday	0800 – 1600
Weekends	Saturday and Sunday	0800 – 2230
Nights	Monday to Sunday	2200 - 0800

The after hour duties will be rostered at the following frequencies;

- Weekday Long Days - maximum of 1 long day per week
- Weekend Duties (LW) 1:15

The night frequency has been calculated to reflect the average of how often a set of nights will be worked per RMO on the roster.

### Section 5 : Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor</li> </ul>	<p>The service will provide:</p> <ul style="list-style-type: none"> <li>• An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run, review and assessment times, and teaching.</li> <li>• An interim assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor.</li> <li>• The opportunity to discuss any deficiencies identified during the attachment. The Clinical</li> </ul>

<i>House Officer</i>	<i>Service</i>
	<p>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;</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• For PGY1 and PGY2 House Officers, end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

### Section6 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40.00	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
RDO Hours	-1.07	
Rostered additional hours (inc. nights, weekends & long days)	10.93	
All other unrostered hours	TBC	
Total hours per week	49.86	

**Salary** The salary for this attachment is detailed at a Category **D** run category run.

Total Hours of work fall above the mid of the salary band therefore will be remunerated as a category D until the hours of work can be confirmed by a run review.