

RUN DESCRIPTION

POSITION:	Medical House Officer
DEPARTMENT:	Oral and Maxillofacial Surgery (OMS)
PLACE OF WORK:	Middlemore Hospital, Auckland City Hospital and Greenlane Clinical Centre
RESPONSIBLE TO:	Business Manager OMS, Clinical Supervisor OMS and Clinical Director OMS
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community-based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the OMS Service.
RUN RECOGNITION:	Medical Council
RUN PERIOD:	3 months

Section 1: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> Facilitate the management of inpatients commensurate with and appropriate to the house officer's skill level 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, Fellow or Consultant, also organise relevant investigations, ensure the results are followed up, sighted, signed and electronically accepted Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends) Be responsible, under the supervision of the Registrar and/or Consultant, to participate in the assessment and management of outpatients in the clinical setting. Maintain a high standard of communication with patients, patients' families and staff Inform registrars/consultants of the status of patients especially if there is an unexpected event Liase with other staff members, departments and General Practitioners in the management of in-patients Communicate with patients and (as appropriate) their families about patients' illness and treatment Prepare required paperwork on or before the day of discharge and on Friday prior to known or likely weekend discharges Attend handover, Team and Departmental meetings as required Attend the operating room as required by the Registrar and/or Consultant
Acute admitting	<ul style="list-style-type: none"> 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, Fellow or Consultant

<i>Area</i>	<i>Responsibilities</i>
	<ul style="list-style-type: none"> Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams or services as per the attached roster
On-Duty	<ul style="list-style-type: none"> When On Duty, be at the recognised workplace for the purpose of carrying out House Officer duties
Administration	<ul style="list-style-type: none"> 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 locator number legibly recorded Provide patients on their discharge from the Service with a clinical summary, prescription and follow-up appointment if so required At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> 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 lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in a clinical setting. Practitioners should not take informed consent where they do not feel competent to do so

Section 2: Training and Education

Training and Education	<i>House Officer Responsibility</i>	<i>Service Responsibility</i>
General	<ul style="list-style-type: none"> Through example and supervision, actively contribute to the education of trainee interns, medical students and other healthcare professionals in training assigned to their team May be requested to teach other health care workers Ensure their consultant/s are advised of other clinical teaching times e.g. Clinical Skills Courses etc. 	<ul style="list-style-type: none"> Provide every opportunity to attend the OMS Registrar Teaching programme fortnightly Friday from 1300 to 1700
Service specific	<p>Unless required for a medical emergency, the House Officer will attend the following:</p> <ul style="list-style-type: none"> Consultant ward rounds Clinical Governance Meeting Cases for discussion Pathology and Radiology meeting Orthognathic meeting Departmental teaching 	

Section 3: Roster

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	Ward Round OR as requested Outpatients Admin	Ward Round OR as requested Outpatients Admin	Ward Round OR as requested Outpatients Admin	Ward Round OR as requested Outpatients Admin	Ward Round OR as requested Outpatients Admin
p.m.	Adhoc Ward Round OR as requested Outpatients Admin	Adhoc Ward Round OR as requested Outpatients Admin	Adhoc Ward Round OR as requested Outpatients Admin	Adhoc Ward Round OR as requested Outpatients Admin	OMS Junior Clinician training session (fortnightly 4 hours)

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

There is a minimum of 4 hours per fortnight medical learning.

<i>Roster</i>	
Hours of Work	
Ordinary Hours	Monday to Friday 7.30 am – 1630 pm

Section 4: Cover:

<i>Other Resident and Specialist Cover</i>
<p>OMS Medical House Officer cover will be covered for:</p> <ul style="list-style-type: none"> • MMH Patient admissions – by the dual-qualified OMS NTR • Ward rounds and inpatient duties – by DHOs <p>OR and clinics will not be scheduled if the OMS MHO is on leave.</p>

Section 5: Performance appraisal

<i>Medical House Officer</i>	<i>OMS</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 identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to the House Officer’s attention, and

<i>Medical House Officer</i>	<i>OMS</i>
	<p>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-report.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40.00</p>	<p>The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.</p>
<p>Rostered additional hours (inc. nights, weekends & long days) 5.00</p>	
<p>All other unrostered hours (To be confirmed by a run review) TBC</p>	
<p>Total hours per week 45.00</p>	

Salary The salary for this attachment is a Category E.