

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer – General Surgery
<b>DEPARTMENT:</b>	General Surgery
<b>PLACE OF WORK:</b>	North Shore Hospital
<b>RESPONSIBLE TO:</b>	Operations Manager , Clinical Director and SMOs Surgical Services
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health Care Consumers, Hospital & community based health care workers
<b>PRIMARY OBJECTIVE:</b>	To facilitate safe and efficient management of patients under the care of the General Surgical Services
<b>RUN RECOGNITION:</b>	This run is recognised by the New Zealand Medical Council as a Category A run for registration purposes.
<b>RUN PERIOD:</b>	13 weeks

## Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties &amp; Work Schedule</b>	<p><b><u>WARD WORK REGULAR HOURS – all General Surgical Teams</u></b></p> <ul style="list-style-type: none"> <li>Attend Registrar and HO handover meeting each weekday morning</li> <li>Attend and admit patients being admitted to the wards before surgery punctually at the times stated.</li> <li>To carry out with the Registrar a daily ward round of patients and a ward round with SMOs when required.</li> <li>Within the scope of their own knowledge keep patients informed as to their progress, answer any questions relating to their illness and explain any new procedures. When this is outside the scope of their own knowledge refer questions to the Registrar or SMO and make reasonable efforts to ensure they are addressed.</li> <li>Undertake to maintain reasonable dialogue with relatives (with permission of the patient) and answer questions relevant to the patient's illness or refer these to the Registrar or SMO.</li> <li>Keep the Registrar and/or SMOs informed of problems as they arise on the ward or wherever else the HO may be caring for patients.</li> <li>Maintain a close working relationship with the nursing staff and respond appropriately and in a timely manner to their concerns and requests regarding patient care</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• To undertake other duties as may be required from time to time by the Operations Manager General Surgery or the General Manager, Te Whatu Ora Waitemata District</li> <li>• To attend to additional clerical matters to do with patients such as screening laboratory reports, writing discharge summaries and death certificates. Write up progress notes on patients as appropriate.</li> <li>• Prepare the list of radiology to be seen at the weekly Radiology Conference.</li> <li>• If time permits, provide support and assistance to the acute admitting team</li> </ul> <p><b><u>ACUTE ASSESSMENTS</u></b></p> <ul style="list-style-type: none"> <li>• When on acute admissions (regular hours and afterhours) the House Officer will document history, examination findings and medication list in the Electronic Admission Notes and arrange basic investigations on acute patients. This may be as the first doctor to assess the patient or after Registrar review.</li> <li>• The House Officer will inform the Registrar of all acute admissions and assessments and as a shared responsibility with the Registrar formulate a management plan, document the plan and ensure it is implemented. The HO will update the electronic patient list with diagnosis and other relevant information.</li> <li>• The House Officer will complete the acute assessment within a reasonable time frame.</li> <li>• In the event of pressure of other duties delaying this assessment they will notify the acute call Registrar.</li> <li>• If time permits the acute admitting House Officer will assist the ward call House Officer with their duties</li> </ul> <p><b><u>WARD WORK AFTER HOURS</u></b></p> <ul style="list-style-type: none"> <li>• Attend rostered Saturday morning ward round duties.</li> <li>• The House Officer will respond to calls from nursing staff to attend to ward patients requiring medical input. Ward assessment and changes in management will be documented in the E-notes</li> <li>• Serious issues and major changes in management will be discussed with the acute call Registrar</li> <li>• If the Registrar is unavailable to see a sick patient within a reasonable time frame then the patient's SMO or on call SMO should be contacted by the house officer directly. ICU PAR team is also available to assist.</li> <li>• If the patient is not on their team, the ward call House Officer will handover to the primary House Officer at the earliest opportunity regarding significant changes in that patient's status such as new complications, need for assessment by Medical registrars/HDU or changes in medication.</li> <li>• To provide emergency care for patients after hours admitted under the ORL service.</li> <li>• After hours and at weekends the Surgical House Officer on duty will be responsible for Urology patients ward calls.</li> <li>• In addition during an after-hours shift, the participants on this run will also contribute to an after-hours team. The House Officers will work generically across General Surgery, Urology, Orthopaedics, General Medicine and Medical Specialties over this time, however will work in their designated service wherever possible.</li> </ul>

<i>Area</i>	<i>Responsibilities</i>
	<p>SASSU Shift</p> <p>Two house Officers are rotated into the SASSU team every week, where they work with the SASSU Registrar and SMO. The HOs will attend and document the SASSU ward round, complete jobs generated from the ward round and admit new patients.</p> <p>Whilst rostered to SASSU for the week, the HO will not have any responsibilities to their regular ward team.</p>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the E-notes of patients. All prescriptions and notes are to be signed, with a printed name and mobile number recorded;</li> <li>• Document all discussions had with registrar or SMO regarding patient care, including conversations had by telephone and text message.</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>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or Duty Manager (if after hours) directly as well as the Chief Registrar or Senior Registrar or Consultant on the team.</li> <li>• As an RMO you will be provided with a Clinical Portal login and an email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> <li>• Complete an electronic discharge summary for all patients at the time of discharge.</li> </ul>

## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<b>Protected Time</b>	<p>Professional development of a House Officers skills and knowledge should occur during the run. All House Officers must attend their departmental meetings. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <p>PGY 1 HO Teaching Programme- Wednesday 12:00 to 14:00 hours, Conference Room 1, NSH and Kawakawa Room WTH (unless advertised otherwise). Attendance is mandatory and expected in person unless working off site. HO should hand their work phone/ pagers to the team registrar or alternative nominated cover.</p> <ul style="list-style-type: none"> <li>• PGY 2 Teaching - Practical Skills Training- Monday 1200-1400 hours, Seminar Room 1, Learning and Development, NSH (unless advertised otherwise). Consists of six different training modules run on a repeat cycle throughout the year. These modules have been designed to assist RMOs to maintain their skills in different ACLS procedures and practical skills. Usually 2 days per run, lunch provided. Attendance is mandatory. Trainees are expected to notify the RMO unit if scheduled days clash with booked leave.</li> <li>• Attend the team Radiology meetings (see the team timetable), and the weekly cancer multidisciplinary meetings where possible.</li> <li>• To attend the Department of General Surgery House Officer teaching Friday 1200 to 1300 hours.</li> </ul>

### Section 3: Roster

#### Hours Of Work

Monday to Friday	0715-1530 hours
Long day	0715-2230 hours
Long day	0715-1930 hours
Night duty	2200-0800 hours
Weekend Short day	0730-1530 hours

There will be 23 House Officers working on the surgical roster. This includes 17 General Surgery House Officers, 1 Urology House Officer, 1 ORL House Officer and 4 Relievers. The Relievers will provide cover for nights and leave.

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

. Remuneration will be as follows:

- 16 FTE will be remunerated as per the salary category in section 5 of the General Surgery run description
- 1 FTE will be remunerated as per the salary category detailed in the Urology House Officer run description
- 4 FTE will be designated relief positions and will be remunerated as a relief run category
- 1FTE will be designated SASSU Rotator and will be remunerated as a relief run category

“Cross Cover” is where an RMO covers the duties of another RMO who is absent between 0730 and 1730 hours Monday to Friday.

## Section 4: 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 learning objectives 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>For additional support and advice the House Officers should discuss with their Educational Supervisor.</p>	<p>The Service will ensure:</p> <ul style="list-style-type: none"> <li>An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run review and assessment times and teaching.</li> <li>A mid-run meeting with an assessment report on the House Officer six (6) weeks into the run after a discussion between the House Officer and the Clinical Supervisor responsible.</li> <li>The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to the attendance to discuss and implement a plan of action to correct them.</li> <li>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.</li> <li>For PGY 1 and PGY 2 House Officers, end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 5: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	
RDO Hours	-2.46	
Rostered additional hours (inc. nights, weekends & long days)	13.71	
Additional 15mins per day Monday to Friday	+ 1.25	
All other unrostered hours (until confirmed by run review)	TBC	
Total hours per week	52.50	

**Salary:** The salary for this attachment is detailed as a Category C

*Total hours are above the middle of the salary band, therefore the run will be remunerated as a C run category until the unrostered hours can be confirmed by a run review.*