

RUN DESCRIPTION

| | |
|----------------------------------|---|
| POSITION: | House Officer |
| DEPARTMENT: | General Medicine, Medical Services |
| PLACE OF WORK: | Counties Manukau District Health Board 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 safe and effective management of inpatients under the care of Medical Services. |
| RUN RECOGNITION: | This position is classified as a category 'A' run by the Medical Council for pre-registration purposes. |
| RUN PERIOD: | 13 weeks |

Section 1: House Officer's Responsibilities

| Area | Responsibilities |
|------------------------|--|
| Clinical Duties | <ul style="list-style-type: none"> The House Officer will attend acute and elective admissions to the Department, write clear admitting notes, construct a problem list and request basic investigations. The House Officer will attend ward rounds when rostered on duty under the supervision of the team SMO and Registrar and will actively participate in the management of patients, following Consultant and Registrar advice. The House Officer is encouraged to perform at least one ward round per week on his/her own, reporting any concerns to the Registrar at the conclusion of the round. (This should occur at least when the Registrar attends a morning clinic.) 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 with other clinical team members regarding discharge planning and progress of patients. The House Officer will attend evening acute admitting and ward call duties |

CMDHB 11th and 12th Team House Officer Run Description- Effective 28 November 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

| Area | Responsibilities |
|-----------------------|---|
| | <p>according to the roster, approximately one evening per week. The House Officer will participate in the night cover roster (within limits for first year House Officers prescribed by the Medical Council).</p> <ul style="list-style-type: none"> • 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 assessment / admission, daily on weekdays, on Consultant ward rounds and whenever management changes are made. • 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 signed, and reported to the Registrar and/or Consultant if abnormal. A list will be prepared for the Radiology Department 24 hours in advance of the weekly team x-ray conference. Referrals will be made at the Consultant's request to other specialists/units, clearly stating the problem to be addressed. House Officers will attend and present patients at the weekly ward meeting. • 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 Division of Medicine's weekly clinical meeting. 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: <ul 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, if after hours, the Duty Manager directly as well as the Consultant to which the registrar is clinically responsible in the absent duty • As an RMO working at CMDHB you will be provided with a Concerto login and CMDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly |

CMDHB 11th and 12th Team House Officer Run Description- Effective 28 November 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Section 2: Training and Education

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|--|--|-------------------------|---|-----------------------------|
| a.m. | 0800 – Medical Handover | 0800 – Medical Handover 1145 – Radiology Conference | 0800 – Medical Handover | 0800 – Medical Handover 1145 – General Medicine Journal Club | 0800 – Medical Handover |
| p.m. | 1215 – SACS Lecture Series (every 4th week) 1400 – 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 Southnet for days and times..

Education

There will be a minimum of 3 hours educational sessions per week including medical ward rounds and Monday afternoon teaching sessions. Occasionally, urgent medical commitments may interrupt these meetings.

Section 3: Roster

Roster

- 4 long days in 4 weeks 0800-2200
- 1 in 4 weekends (1x 0800 -1600 + 1x 0800 to 2200)
- 1 in 13 Friday to Sunday nights 2200 - 0800
- 1 in 13 Sun to Thurs nights 2200 - 0800
- Monday to Friday 0800 -1600

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, and General Medicine and Medical Specialties over this time, however will work in their designated service wherever possible.

Section 4: Cover

Other Resident and Specialist Cover

From 8am to 8pm Monday to Friday a Senior Medical Officer is based in Emergency Care. The B Call Consultant is on call to come back to the hospital if required from 4pm to 8am the following day.

CMDHB 11th and 12th Team House Officer Run Description- Effective 28 November 2011

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Section 5: 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; • Ensure a mid run assessment is completed after discussion between the House Officer and the consultant responsible for them; • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; • Sight and sign the final assessment report provided by the service. | <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 (6) weeks into the run, after discussion between the House Officer 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 Officer's 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. |

Section 6: Hours and Salary Category

| <i>Average Working Hours</i> | | <i>Service Commitments</i> |
|--|------|---|
| Basic hours (Mon-Fri) | 40 | The Service will be responsible for the preparation of any Rosters. |
| Rostered additional hours (inc. nights, weekends & long days) | 19.9 | |
| All other unrostered hours | 5 | |
| Total hours per week | 64.9 | |

Salary The salary for this attachment will be as detailed in a B Run Category to be confirmed by a run review.