



## **RUN DESCRIPTION**

<b>POSITION:</b>	<b>House Officer – Obstetrics and Gynaecology</b>
<b>DEPARTMENT:</b>	Obstetrics and Gynaecology
<b>PLACE OF WORK:</b>	Gynaecology Ward, Outpatient Clinics, Colposcopy Clinics and Emergency Department, Maternity Suite, Delivery Suite and Antenatal Clinics North Shore Hospital.
<b>RESPONSIBLE TO:</b>	Clinical Director / Manager, Obstetric and Surgical Services & the Assigned Team Consultant
<b>FUNCTIONAL RELATIONSHIPS:</b>	There are 6 registrars and 1 reliever attached to the O&G roster.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the care of patients in the Obstetrics and Gynaecology Service.
<b>RUN RECOGNITION:</b>	This run is rated Category B by the Medical Council of New Zealand
<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>	<ul style="list-style-type: none"> <li>Under the supervision of the Consultant, through the Registrar facilitate safe and efficient management of patients under the care of Obstetric and Gynaecology Services.</li> <li>Be responsible for the day to day management of gynaecological patients. Admit, clerk and arrange basic investigations on acute and elective admissions.</li> <li>Within the hours rostered be available to attend patients at the request of nursing staff.</li> <li>In respect of acute admissions keep the Registrar and team on call informed particularly in the case of seriously ill patients. In the event of pressure from other duties notify the registrar of this.</li> <li>Carry out a daily ward round in ordinary hours when rostered on duty, in order to oversee ongoing investigation and management of the inpatients.</li> <li>Participate in the discharge process, particularly communication with General Practitioners and Lead Maternity Carers.</li> </ul>

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Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Write progress notes on each patient daily and when necessary at other appropriate times.</li> <li>• Participate in outpatient clinics when assigned with your Registrar, during ordinary hours.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded;</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>• Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> <li>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.”</li> <li>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.</li> </ol> </li> <li>• 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.</li> <li>• As an RMO working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> </ul>

## Section 2: Training and Education

Nature	Details
<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> <ul style="list-style-type: none"> <li>• HO Teaching Programme- Thursday 1230 to 1430 hours, Conference Room 1, NSH and Kawakawa Room WTH (unless advertised otherwise). This is protected teaching time with the handing in of the pagers for monitoring by the Clinical Training Coordinator. Any urgent messages will be redirected to the team registrar.</li> <li>• 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. House Officers are expected to attend each module at least once during the training year.</li> </ul>

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<i>Nature</i>	<i>Details</i>
	<ul style="list-style-type: none"> <li>• Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital.</li> <li>• The Pathology Review as indicated on Team Timetable.</li> <li>• The Radiology Review as indicated on Team Timetable.</li> <li>• Journal Club on Monday at North Shore Hospital.</li> </ul>

### Section 3: Roster

There will be six house officers and one reliever on the O&G roster. The reliever will cover the duties of the House Officer on leave.

#### Hours Of Work

Ordinary Hours	Monday to Friday	0800hrs to 1600hrs.
Acute Admitting	Monday to Sunday	0800hrs to 2230hrs
Night Duties	Monday to Sunday	2200hrs to 0800 hrs

Number of Weekends on Duty	1:3
Number of Night Duties	1:6

Night duties will consist of 7 consecutive night duties followed by 3 sleep days.

### Section 4: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer should meet with their team Consultant to discuss learning objectives at the commencement of the run using the Medical Council Form RP1.</p> <p>The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified, the Consultant will identify these with the House Officer who should implement a corrective plan of action under the advice of their Consultant.</p> <p>The House Officer should ensure they meet with their consultant at the end of run to complete the RP2.</p> <p>For additional support and advice the House Officers should discuss with their Intern Supervisor.</p>	<p>The team Consultant to whom the RMO is attached will assess the performance of the House Officer and complete and forward a report to the Intern Supervisor, after discussion with the House Officer.</p> <p>The team Consultant will discuss learning objectives at the beginning of the run with the House Officer using the Medical Council Form RP1. The House Officer will meet again mid run to discuss performance and establish that agreed learning objectives are being met, and to provide feedback using RP1 Form.</p> <p>If deficiencies are identified during the attachment, the Consultant to whom the House Officer is responsible will bring these to the House Officer's attention and discuss how they may be corrected.</p> <p>The team consultant will meet with the House Officer again at the end of run to complete the RP2 and forward to the intern supervisor.</p> <p>The Intern Supervisor receives the quarterly reports on probationary house officers, completed by the team consultant, and provides formal reports to the Medical</p>

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<i>House Officer</i>	<i>Service</i>
	Council for registration purposes e.g. for probationary registrants seeking general registration.

### **Section 5: Hours and Salary Category**

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	The Service, together with ARRMOS RMO Support will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	23.60	
All other unrostered hours	1.28	
Total hours per week	64.88	

### **Salary**

The Salary for this attachment will be as detailed in a Category B run.