

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Mental Health Services
PLACE OF WORK:	This run description applies to positions within: 1 : Kauri/Rimu Units, Mason Clinic, [Regional Forensic Services]; 1 : Totara Unit/Kahikatea Units, Mason Clinic, [Regional Forensic Services]; 1 : Rata/Tanekaha Units, Mason Clinic, [Regional Forensic Services]; 1 : Mental Health Services for Older People (West) 1 x Kingsley Mortimer Unit, [Psychogeriatric Inpatient] North Shore Hospital 2 : Waiatarau Unit, [Acute Adult Inpatient] Waitakere Hospital, and 2 : Taharoto Unit [Acute Adult Inpatient] North Shore Hospital
RESPONSIBLE TO:	Director, RFMHS/MHS, Waitemata Health General Manager, MHS, Waitemata Health
FUNCTIONAL RELATIONSHIPS:	Health care consumers, hospital and community based mental health care workers.
PRIMARY OBJECTIVE:	To facilitate the care of patients in the Mental Health Service.
RUN RECOGNITION:	The runs at Forensic Services and the MHSOP (West) are recognised by the New Zealand Medical Council as Category C for registration purposes. The runs at Taharoto Unit are recognised as Category B for registration purposes, and the runs at Waiatarau Unit are recognised as Category B for registration purposes.
RUN PERIOD:	3 months

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<p>House Officers will be responsible for the day to day management of patients, as follows:</p> <p>To carry a caseload in consultation with the Registrar and Consultant. This will be somewhat smaller than the caseload carried by the team's registrar[s].</p> <p>For these patients:</p> <ul style="list-style-type: none"> • To monitor, in conjunction with the Registrar, changes in the mental state of current patients. • To maintain adequate clinical records, and complete referrals and discharge paperwork and summaries. • To help arrange further psychosocial input and family meetings, together with the clinical team. • To arrange basic medical care and investigations as appropriate.

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Area	Responsibilities
	<ul style="list-style-type: none"> • To liaise with the GP at admission and discharge, and otherwise as needed. <p>In respect of acute admissions [in those units where this applies] the House Officer will:</p> <ol style="list-style-type: none"> 1. Consult with the Registrar [or the Consultant] about all patients for admission and may undertake initial assessment and examination, where this is felt to be appropriate. 2. Consult with the Registrar or Consultant regarding any management or treatment plans before implementing these. <p>The House Officer will be responsible for assisting as necessary with any medical emergencies.</p>
Other Duties	<ol style="list-style-type: none"> 1. On specialist units such as MHSOA West, there will be additional duties determined by the specialised nature of these placements. The House Officer will often need to take additional responsibility for co-ordination of aspects of medical care of patients on these teams, and interface with geriatric services. In this specialised setting, it may not be feasible for the House Officer to carry a personal caseload. 2. On the Forensic Unit, there will also be some additional duties determined by the specialised nature of this placement re co-ordination of medical care of patients and of steps in the legal process under close supervision by the registrar and consultant. In this specialised setting, it may not be feasible to carry a personal caseload.
Administration	<ul style="list-style-type: none"> • 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; • Be responsible for certifying death and complete appropriate documentation; • 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: <ol 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 On Call Mental Health Manager directly as well as the Consultant to which the House Officer is clinically responsible in the absent duty. • 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.

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Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
Protected Time	<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"> • 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. • 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. • Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital. • Medical Journal Club [W], Mondays 1230 Conf Room, Woodford House, Waitakere Hospital • Mental Health Journal Club [W] Tuesdays 1330 Level 2, Waimarino, 33 Paramount Drive • CME Thursdays 1200 Judges Room, Rata Unit, Mason Clinic • Teaching Roster [N/W] Wednesdays 1500, Judges Room, Rata Unit, Mason Clinic • Journal Club Mondays 1215 Community Room, Mason Clinic • Mental Health Journal Club [N] Fridays 0900, Level 3, 44 Taharoto Road • Mental Health House Officer Peer Support Group Tuesdays 1400 Judges Room, Rata Unit, Mason Clinic

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Section 3: Roster

Hours Of Work				
<u>Ordinary hours:</u>				
Ordinary hours of work are 40 hours per week Monday - Friday between		0730 - 1630		
<u>After hours:</u>				
Acute Admitting		0830 - 2300		
Acute Admitting Saturday – Sunday		0900 - 2300		
<ul style="list-style-type: none"> House Officers are expected to be on site for their after hour duties. These sites include Mason Clinic (Forensics), North Shore Hospital campus, and Waitakere Hospital campus. House Officers are rostered every alternate full weekend off duty. There are no night shifts expected in this rotation 				
<u>Roster:</u>				
<u>Shift</u>	<u>Hours per shift</u>	<u>Number of shifts per week</u>	<u>Number of staff per shift</u>	<u>Total Hours per week</u>
Long Shift	6.5	5	1	32.5
Weekend	14	2	1	28
Monday-Friday	8	5	9	360
Non-rostered Hours	4	7	1	28
Total Hours worked per week				448.5
Total Number of Staff				9
Total Average Hours				<u>49.83</u>

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Clinical attachments are to multidisciplinary teams and include one or more Psychiatric Registrars and Specialist Psychiatrists. All doctors carry locators and many also have cell phones. Contact numbers are available via the North Shore exchange. The Forensic psychiatrist can be contacted via the Mason Clinic switchboard or the North Shore exchange.</p> <p>Roster cover is provided in conjunction with the Psychiatric Registrar and General and Forensic Psychiatrists.</p>

Section 5: 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>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</p>

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

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours	40.0	
Rostered additional hours (inc. nights, weekends & long days)	6.72	
All other unrostered hours	3	
Total hours per week	49.72	

Salary:

The salary for this attachment will be as detailed for a Category **D** run to be confirmed by a run review.