

RUN DESCRIPTION

| | |
|----------------------------------|---|
| POSITION: | House Officer |
| DEPARTMENT: | Newborn Services |
| PLACE OF WORK: | Auckland City Hospital |
| RESPONSIBLE TO: | Clinical Director and Manager, through a nominated Consultant/Physician. |
| FUNCTIONAL RELATIONSHIPS: | Healthcare consumer, Hospital and community based healthcare workers |
| PRIMARY OBJECTIVE: | To facilitate the management of patients under the care of the Newborn Service. |
| RUN RECOGNITION: | Medical Council &/or College recognition |
| RUN PERIOD: | 3 months |

Section 1: House Officer's Responsibilities

| Area | Responsibilities |
|----------------|--|
| 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 infants under paediatrics care on the postnatal wards and neonatal intensive care unit. To undertake clinical responsibilities as directed by the neonatal registrar or consultant, also to organise relevant investigation and ensure that the results of the investigations are followed up and acted upon as necessary. The postnatal ward round is done by the House Officer. The registrar looking after PIN that week does a ward round with the SHO on Tuesdays and Fridays and is available to see babies at the request of the SHO. If a consultant needs to review the baby, the Level 2 specialist should be contacted. Be responsible for the daily review of infants under paediatrics care in the post natal wards (except on unrostered weekends). Maintain a high standard of communication with the parents and family of infants under paediatrics care and staff Communicate the status of the inpatients to senior members of the team (neonatal registrar or the level 2 neonatal consultant). Prepare required handover paperwork for weekends, including likely discharges over |

ADHB NICU House Officer Run Description - Effective 03 May 2010

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>weekends or after hours</p> <ul style="list-style-type: none"> • Attend handover (morning and afternoon), team and departmental meetings as required. • Assess patients referred to the neonatal team by other members of the team including obstetrics staff, midwives and staff nurses on the postnatal ward. • Attend deliveries at the request of the obstetrics services if carrying the level 1 neonatal pager. This includes instrumental and operative deliveries and all term deliveries where it is anticipated the newborn will need neonatal care following birth. • Organise appropriate investigations and follow-up for infants with antenatally diagnosed conditions, for example, antenatal renal pelvis dilatation. |
| Acute admitting | <ul style="list-style-type: none"> • Infants referred to the neonatal team and requiring admission to the post natal ward. These are likely to be infants referred from the community, including Birth Care with jaundice requiring treatment or ongoing weight loss. |
| On-Duty | <ul style="list-style-type: none"> • When rostered on duty, be at the recognised workplace to carry out assigned duties |
| Administration | <ul style="list-style-type: none"> • Be responsible for record keeping, including patient notes and discharge letters and other documentation, written and maintained by the house officer. Ensure that notes are written legibly and signed, with a printed name and locater number. • Please put a blue Neonatal Paediatrics sticker to identify any entries made in the notes in the postnatal wards, including infants transferred from NICU. • Provide a clinical summary and prescription, as required upon discharge for all patients under the care of the neonatal team, and being discharged from the postnatal wards. |

ADHB NICU House Officer Run Description - Effective 03 May 2010

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 |
|------------------|---|---|---|---|---|
| Morning | | 0830-0930 Grand Round (Neurology Room, CEC, Level 5) | 8:00-09:00 Paediatric update (SSH) 09:00 weekly neonatal radiology conference | 8:00-8:30 Fetal Medicine (SSH Radiology Conference Room) | |
| | 1230-1330 Resident Teaching (NICU Education Room) | | | 1230-1330 Journal Club (NICU Education Room) | 13:00-14:00 Starship Grand Round (Level 7, SSH) Final Friday of month: Perinatal Mortality (Auditorium, CEC) |
| Afternoon | | | | FRACP Part 1 teaching | |

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

There is a minimum of 2 hours per week medical learning, which includes the weekly tutorial, journal club and pathology session.

Section 4: Cover:

Other Resident and Specialist Cover

There is one House Officer on this roster. Leave cover is provided by the Obstetrics and Gynaecology relief house officer

Section 5: Cover:

Roster

Hours of Work

| | | | |
|---------------------|------------|-----------------|--------|
| Monday to Friday | Normal Day | 0830-1630 hours | 8 hrs |
| Saturday and Sunday | Acute Call | 0830-2130 hours | 13 hrs |

The House Officer will work 1:3 weekends.

Handover time of 30 minutes twice daily is included in the hours allocated to each shift.

ADHB NICU House Officer Run Description - Effective 03 May 2010

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 6: 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 the designated Consultant and or the clinical director to discuss goals and expectations for the run, review and assessment times and teaching. After any assessment that identifies deficiencies, implement a corrective action plan in consultation with the Consultant | <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 teaching. An interim assessment report on the House Officer 6 weeks into the run, after discussion between the House Officer and the Consultant responsible. The opportunity to discuss any deficiencies identified during the attachment with the Consultant concerned. 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 7: Hours and Salary Category

| <i>Average Working Hours</i> | | <i>Service Commitments</i> |
|--|------|---|
| Basic hours (Mon-Fri) | 40 | The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters. |
| Rostered additional hours (inc. nights, weekends & long days) | 10.4 | |
| All other unrostered hours | 0 | |
| Total hours per week | 50.4 | |

Salary The salary for this attachment has been calculated as a Category **D** run, however a minimum of a Category **C** will apply.

ADHB NICU House Officer Run Description - Effective 03 May 2010

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.