

RUN DESCRIPTION

POSITION:	Surgical Acute House Officer
DEPARTMENT:	Hospital Group – Surgical
PLACE OF WORK:	Hawke's Bay Hospital – may be required to attend outpatient clinics in peripheral units within Te Whatu Ora - Health New Zealand, Te Matau a Māui, Hawke's Bay catchment
RESPONSIBLE TO:	Medical Director, Medical HOD (head of department) and Service Director, through a nominated SMO (senior medical officer).
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer and family/whanau Hospital and community-based healthcare workers
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Surgical Service.
RUN RECOGNITION:	Medical Council of New Zealand
RUN PERIOD:	13 weeks

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>CLINICAL RESPONSIBILITIES</p> <p>Under supervision of the consultant through the registrar (if applicable), facilitate safe and effective management of patients under the care of the team to which the RMO is attached within Surgical Services</p> <p>Be responsible for the day-to-day management of patients as described in the following areas:</p> <ul style="list-style-type: none"> • Admit / clerk both acute and arranged admissions under the care of team consultants • With the registrar, carry out a daily ward round during normal hours, where rostered on duty and with a consultant at least twice a week • Undertake Saturday Surgical wards rounds when rostered on duty <p>In respect to acute admissions:</p> <ul style="list-style-type: none"> • Assess and investigate such patients promptly and in an efficient manner including taking a history, performing a physical examination, ordering appropriate investigations, performing appropriate procedures, and formulating a management plan in consultation with the supervising registrar or consultant • In event of the pressure of other duties, notify the Duty Manager of this

Area	Responsibilities
	<ul style="list-style-type: none"> • Keep the registrar informed of problems as they arise in the ward, or wherever else the patient is being cared for • Carry out post-acute ward round with own team’s consultant and registrar • Within rostered hours, attend patients under their care at the request of nursing staff • Implement treatment of team patients, including ordering appropriate investigations and monitoring results under the supervision of the responsible registrar/consultant • Perform required procedures as directed by the consultant and ensure weekend plans for patient management are in place • Liaise with other staff members, departments, and General Practitioners in management of team patients • Communicate with patients and their families about patient’s illness and treatment where appropriate • Write legible notes in patient’s chart on admission, daily on ward round and whenever management decisions are made. Entries into medical records must be dated and signed • Request appropriate laboratory, radiology and other investigations, results to be sighted and signed • At discharge, to provide the patient with a written clinical summary, prescription, and follow-up appointment as necessary • House Officers are required to attend all timetabled and rostered duties and are responsible to the team Specialists, and their registrar. They are expected to be on time. • House Officers need to ensure that their specialist patients are comprehensively and appropriately pre admitted for surgery, including reviewing case notes, establishing that nothing has changed since the decision for the procedure was made, following up on investigations ordered since last being reviewed, ensuring the patient has a comprehensive understanding of the procedure, and what to expect post operatively, that she has a full history and examination documented in her patient record, including drug chart, and that the results of any investigations arranged by the House Officer at the pre admission clinics are followed up on. They should consult with their registrar and consultant if in any doubt about any aspect of this process. • At the commencement of each 3-month run the House Officer must arrange a time to meet with their Team Specialist to advise the House Officer of specific specialist preferences, discuss training, give feedback on progress and agree goals. • House Officer will ensure that referring specialists/LMCs/GPs are directly contacted regarding significant clinical events of their patients. • House Officers are responsible for following up the results of any investigations they order. These need to be checked and ‘Marked as Read’ on the computer system (ECA). In some areas there will be no paper copies of investigations sent out. The House Officer should liaise with their Registrar or Specialist if an unexpected untoward result is given, or they have any concerns. • House Officers are expected to supervise and provide tuition to Trainee Interns and occasionally medical students in their clinical duties. • House Officer are regarded as key members of the Service teams, and as such expected to make wider contribution to the Service; eg attendance and participation in meetings, audit, teaching programs and administration. HOs input into ongoing protocol development will be expected. <p>INDIVIDUAL ACCOUNTABILITIES</p> <ul style="list-style-type: none"> • To adhere to professional development requirements, and assume responsibility for personal development. This includes completion of the e-port requirements as outlined by the Medical Council of New Zealand (MCNZ) • Awareness of personal limitations and consults with others and seeks advice when appropriate

Area	Responsibilities
	<ul style="list-style-type: none"> • Take responsibility for the accuracy and completeness of reports, patient notes and other official documentation as required. • Identify any learning needs and discuss appropriate education and training with the Clinical Supervisor or Pre-Vocational Educational Supervisor (PES) • Participate in own performance review quarterly • Ethical standards and codes of conduct are complied with. • Complete rotation performance reviews quarterly • Regularly attend House Officer and departmental training and education sessions • Meet training obligations in a timely fashion. • Ensure that all other additional duties are performed in an efficient manner, within a negotiated timeframe <p>Prevocational education, training and supervision Intern Requirements for pre-vocational medical training published by the Medical Council of New Zealand lists the standards for training, education and supervision arrangements for PGY 1 & 2s.</p> <p>Areas of professionalism</p> <ul style="list-style-type: none"> • Caring for patients • Respecting patients • Working in partnership with patients and colleagues • Acting honestly and ethically • Accepting the obligation to maintain and improve standards <p>The standards for professionalism are explained in the Medical Council of New Zealand publication Good medical practice</p> <p>TEAM DUTIES:</p> <ul style="list-style-type: none"> • House Officers are required to attend all timetabled and rostered duties and are responsible to the team Specialists, and their registrar. They are expected to be on time. • House Officers need to ensure that their specialist patients are comprehensively and appropriately pre admitted for surgery, including reviewing case notes, establishing that nothing has changed since the decision for the procedure was made, following up on investigations ordered since last being reviewed, ensuring the patient has a comprehensive understanding of the procedure, and what to expect post operatively, that she has a full history and examination documented in her patient record, including drug chart, and that the results of any investigations arranged by the House Officer at the pre admission clinics are followed up on. They should consult with their registrar and consultant if in any doubt about any aspect of this process. • At the commencement of each 3-month run the House Officer must arrange a time to meet with their Team Specialist to advise the House Officer of specific specialist preferences, discuss training, give feedback on progress and agree goals. • House Officer will ensure that referring specialists/LMCs/GPs are directly contacted regarding significant clinical events of their patients. • House Officers are responsible for following up the results of any investigations they order. These need to be checked and 'Marked as Read' on the computer system (ECA). In some areas there will be no paper copies of investigations sent out. The House Officer should liaise with their Registrar or Specialist if an unexpected untoward result is given, or they have any concerns. • House Officers are expected to supervise and provide tuition to Trainee Interns and occasionally medical students in their clinical duties. • House Officer are regarded as key members of the Service teams, and as such expected to make wider contribution to the Service; eg attendance and participation in meetings,

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	audit, teaching programs and administration. HOs input into ongoing protocol development will be expected.
Acute Admitting	<p>ACUTE DUTIES</p> <p>The Acute House Officer is responsible to the acute Registrar on duty 0800-2300hrs.</p> <p>One House Officer will be 'on duty' for all surgical acute work every day 0800-2300hrs.</p> <p>The Acute House Officer is expected to:</p> <ul style="list-style-type: none"> • Provide clinical assessment, observation, treatment and admission of orthopaedic patients in consultation with and under the supervision of the acute registrar and specialist. • Review ward and clinic patients. The House Officer must discuss the history, examination findings and investigations with the acute registrar to formulate an appropriate management plan for each woman they see. • Follow Te Whatu Ora - Health New Zealand, Te Matau a Māui, Hawke's Bay clinical protocols/guidelines (available on Our Hub) • Communicate with referring doctor/midwife regarding assessment and management plans. • Communicate with Registrar/Specialist and referring doctor or midwife regarding all admissions' in a timely fashion. • If they are the acute orthopaedic House Officer 0800-1600hrs they need to provide a comprehensive hand-over at 1600hrs to the acute House Officer on duty that evening. • Attend handover to provide a comprehensive hand-over at 0800hrs at the end of their period of 'night duty'. • The House Officer must ensure that all acute admissions are seen promptly by the medical team. <p>After-hours/Weekend House Officer Duties</p> <ul style="list-style-type: none"> • Provision of clinical care to all surgical in-patients and acute patients. • Follow Te Whatu Ora - Health New Zealand, Te Matau a Māui, Hawke's Bay clinical protocols / guidelines • Communicate with referring doctor regarding assessment and management plans. • Communicate with Specialist and referring doctor regarding all admissions in a timely fashion.
On Duty	
Administration	<p>House Officers are required to fully document patient care.</p> <ul style="list-style-type: none"> • All patients are to have current records of relevant clinical history, clinical assessment investigations, treatment plan and documented discharge plan • Detailed documentation of surgical procedures. • Use telephone dictating system • All case notes entries are to be clearly legible, dated, timed and signed. • Documentation of the Specialist involved in establishing the management plan • Ensure discharge summaries are completed prior to discharge.

Section 2: Training and Education

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

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

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.			1200 – 1300 Grand Round		

House officers are required to attend those teaching sessions required by the Medical Council of New Zealand.

House officer teaching programme [as organised by the DMT /PES team].

ONGOING

Ongoing education, development and maintenance of skills:

Provision of supervision on the ward, clinics and theatre

- Specialist ward rounds – acute days, routine rounds
- In-theatre education (supervised lists)

Section 3: Roster

Roster

Hours of Work

Ordinary Hours	Monday to Friday	0730-1530hrs
Long days	Monday to Friday	1530-2230hrs [This is referred to as an 'E' Evening duty]
Weekends	Sat + Sun	0730-22230hrs
Nights	4/3 split	2230-0830hrs
Discharge Support [DS]	Sat + Sun	0900-1500hrs

Each House officer will provide cover out of 'ordinary hours of work' as per the roster template.

Planned Leave

It would be greatly appreciated if leave can be applied for with as much notice as possible, preferably before the start of the run and before the roster is written. Notification of whether leave has been approved will be given within 2/52 as per MECA

Unexpected leave

If a house officer is unable to attend duties at short notice (e.g., due to sickness) the house officer is required, as soon as the situation is apparent, to message the RMO Unit (e-text, email or x5808), who will liaise with the clinical staff to help to arrange appropriate cover.

Work Schedules

The department is committed to where possible, tailoring the day-to-day clinical duties to the individual registrars needs and abilities, within the constraints of the department.

Registrars will be allocated to work in a team with one or more Consultants and the Consultants' HO.

The teams will usually change after 6/12.

Rostered Days Off [RDOs]

Where a house officer is rostered to weekend duties, they are entitled to a rostered day off for each weekend day worked as per 'Schedule 10' of the NZRDA Te Whatu Ora - Health New Zealand, Te Matau a Māui, Hawke's Bay MECA, a pay deduction applies. For the house officers rostered to surgical weekends the rostered days off will be Thursday / Friday (following weekend worked)

RDOs will be noted as such within the established roster pattern and will be notionally applicable in the first instance to the RMO rostered for the relevant weekend duty (duties).

If the rostered RMO does not actually work the particular rostered weekend duty (duties) for any reason, then unless otherwise formally advised by the service (or unless an application for paid or unpaid leave is approved), they will be required to report for ordinary duty (duties) on the day(s) that would otherwise have been a RDO(s). That RDO may instead be observed by the RMO who actually worked the relevant weekend duty (duties).

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>The Surgical service is covered by eight Specialists and three Urologists, one Urology registrar up to 13 Surgical Registrars and seven House Officers.</p> <p>There is always a Specialist (one Surgical and one Urology), a Registrar and HO on duty 0800-2400. After 2400 there is always a Specialist on call and an RMO on duty 2400-0800.</p> <ul style="list-style-type: none"> • Specialists are rostered to be on call. They will do an acute ward round in the morning. They are available immediately by mobile phone and can at all times attend within 20 minutes. • All surgical patients admitted acutely will be seen by the on-call Registrar/House Officer within 10 minutes if the patients clinical condition requires this. • Specialists want and expect to be in attendance if you have any concerns about a clinical situation. They are required to attend at ANY TIME if requested by the registrar. • The House Officer is required to CALL FOR REGISTRAR SUPPORT IMMEDIATELY (should the Registrar not be present for whatever reason, then the House Officer should call for the Specialist) <ul style="list-style-type: none"> ○ When there is an ‘at risk’ situation ○ When the work volume is excessive ○ Whenever in need! • The ENT House Officer is permanently on call for ENT during the ordinary hours. • Each surgeon and sub-specialty surgeon as 1 pre-admission clinic per week. The House Officer attend these Clinics. <p>Each specialist has one full day equivalent operating theatre time per week which the House Officer is expected to attend.</p>

Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>FOR INTERNS WHO HAVE GRADUATED FROM A NEW ZEALAND MEDICAL SCHOOL OR NZREX DOCTORS</p> <p>Interns must work in accredited clinical attachments under the supervision of a prevocational educational supervisor (PES). Prevocational medical training requires Te Whatu Ora - Health New Zealand, Te Matau a Māui, Hawke’s Bay to deliver a two-year intern training programme with specific requirements for postgraduate year 1 (PGY1 house officers) and postgraduate year 2 (PGY2 house officers).</p> <p>The MCNZ introduced the 'New Zealand Curriculum Framework' (NZCF) in 2015 – this requires that the house officers record their learning, have their progress tracked, create and update their ‘Professional Development Plan’ (PDP), record ‘continued professional development’ (CPD) activities plus complete their assessments through an e-portfolio system known as ‘ePort’.</p> <p>The NZCF outlines the learning outcomes – underpinned by the concepts of patient safety and personal development - to be substantively completed</p>	<p>The service will provide,</p>

House Officer	Service
<p>in PGY1 and by the end of PGY2. These learning outcomes are to be achieved through clinical attachments, educational programmes and individual learning.</p> <p>Additionally, every intern is required to complete one clinical attachment in a community based setting over the course of their PGY1 and PGY2 intern years; therefore, as a year one house officer you may be rotated into a community placement and this may require daily travel or a relocation for the duration of the clinical attachment; in such situations, reimbursements can be claimed as per the relevant clauses in the RDA MECA.</p> <p>Year two interns are required to establish an acceptable PDP for PGY2, to be completed during PGY2. The PDP will be reviewed and endorsed as appropriate by the advisory panel at the time they consider recommending registration in a general scope of practice.</p> <p>When an intern is approved registration in a general scope of practice an endorsement related to completing a PDP will be included on their practising certificate for the PGY2 year, under the competence provision of the HPCAA.</p> <p>At the end of PGY2, interns must demonstrate through the information in their e-Port that they have met the prevocational training requirements and achieved their PDP goals. The prevocational educational supervisor will then recommend the intern's endorsement be removed from their practising certificate as part of the practising certificate renewal process.</p> <p>Year two house officers will meet with their educational supervisor at the beginning of the year and after each clinical attachment and will meet with their clinical supervisor on the clinical attachment at the beginning, mid-way through and at the end of the clinical attachment. It is important that the quarterly assessments are completed within two weeks of finishing a clinical attachment.</p> <p><i>It is the individual house officer's responsibility to meet all 'e-Port' assessment deadlines and to have completed all documentation to allow both their clinical supervisor(s) and PES sufficient time to fulfil their assessment and reporting duties in the e-portfolio system</i></p> <p>FOR INTERNATIONAL MEDICAL GRADUATES AND ALL SENIOR HOUSE OFFICERS</p>	

<i>House Officer</i>	<i>Service</i>
<p>The house officer is to meet with their clinical supervisor at start of the clinical attachment to identify goals and discuss responsibilities.</p> <p>Performance is assessed by the designated clinical supervisor the house officer is working for and in accordance with the MCNZ’s supervision and reporting requirements</p> <p>All house officers who are registered under the general scope of practice and who are not on a vocational training programme will be required to join the “bpacnz Recertification Programme” at recertification time [when their Practising Certificate is due for renewal]; through this programme they will be required to complete:</p> <ul style="list-style-type: none"> • a Professional Development Plan (it is understood that a ‘Career Development Plan’ would fulfil the same function) • 20 hours of medical education • 10 hours of peer review • Participate in clinical audit • The required number of meetings with the nominated collegial relationship provider (six in the first year and four in subsequent years) <p>Please note that if any deficiencies are identified during the clinical attachment, the clinical supervisor, and where appropriate, along with the house officer’s assigned PES, will discuss these with the house officer at the time (preferably no later than two thirds of the way through the clinical attachment), and make a plan to correct or improve performance.</p> <p>The Health Workforce New Zealand (HWNZ) and the Resident Doctor’s’ Association (RDA) have worked together to produce career planning forms (CDPF) and Vocational Career Design guidelines. A supervision report form is required to be completed at the end of each clinical attachment:</p> <p>It is the individual house officer’s responsibility to maintain and complete these assessments and reporting requirements in a timely manner.</p>	

Section 6: Hours and Salary Category

Average Working Hours - RDA Run Category (RDO's are worked)		Service Commitments
Ordinary Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
RDO Hours	-4.83	
Rostered Additional (inc. nights, weekends & long days)	15.1	
All other unrostered hours	12.08	
Total Hours	62.35	

Salary: The salary for this attachment will be detailed as a **Category B** run.

Our Vision and Values

Te hauora o te Matau-ā-Māui: Healthy Hawke's Bay

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.



HE KAUANUANU RESPECT
Showing **respect** for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

ĀKINA IMPROVEMENT
Continuous **improvement** in everything we do. This means that I actively seek to improve my service.

RARANGATE TIRA PARTNERSHIP
Working together in **partnership** across the community. This means I will work with you and your whānau on what matters to you.

TAUWHIRO CARE
Delivering high quality **care** to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.