

Position Description

Vision (Te Matakite)

Healthy People. Excellent care.






Mission (Te Whakatakanga)

Enable us all to manage our health and wellbeing.

Provide excellent care through smarter, innovative delivery

Values

Theme “People at Heart” – Te iwi Ngakaunui

-  Give and earn respect - Whakamana
-  Listen to me; talk to me – Whakarongo
-  Fair play – Mauri Pai
-  Growing the good – Whakapakari
-  Stronger together – Kotahitanga

POSITION:	House Officer – Orthopaedics
RMOSS POSITION NUMBER:	SOH01 – SOH09
DEPARTMENT:	Orthopaedics
PLACE OF WORK:	Waikato District Health Board – Waikato Hospital
RESPONSIBLE TO:	Clinical Director Clinical Supervisor or Pre-Vocational Education Supervisor (PES) as appropriate,
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers Specialist Medical Staff and Clinical Unit leader for clinical and professional matters Clinical unit administrators Prevocational Education Supervisor (PES) Clinical Training Director RMO Unit Staff
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Orthopaedics Service
RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for prevocational training.
PERIOD:	13 weeks

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 acute and elective patients under the care of his/her team. Undertake clinical responsibilities as directed by the Registrar or Consultant, also organise relevant investigations, ensure the results are followed up, sighted and electronically signed; • Be responsible, under the supervision of the Registrar and/or Consultant, to review inpatients on a daily basis (with the exception of unrostered weekends); • Maintain a high standard of communication with patients, patients' families and staff; • Inform registrars/consultants of the status of patients especially if there is an unexpected event; • Liaise with other staff members, departments, and General Practitioners in the management of in-patients; • Communicate with patients and (as appropriate) their families about patients' illness and treatment • Prepare required paperwork on Friday prior to known or likely weekend discharges. • Attend handover, Team and departmental meetings as required.
Acute admitting	<ul style="list-style-type: none"> • Assess patients assigned by the admitting Registrar. Take a history, perform an examination then formulate and initiate a management plan in consultation with the Registrar or Consultant; • Respond to referrals by other health professionals to assess and treat inpatients under the care of other medical teams or services as per the attached roster.
On-Duty	<ul style="list-style-type: none"> • When On Duty, be at the recognised workplace for the purpose of carrying out house officer duties
Administration	<p>The House Officer will ensure:</p> <ul style="list-style-type: none"> • legible notes are written in patient charts on admission, daily on weekdays and whenever management changes are made, • appropriate laboratory tests will be requested and results sighted and signed, • on discharge, patients will receive a typed clinical summary with a prescription and follow-up appointment if so required, • With the Registrar be responsible for writing the initial discharge summary for every patient, • With the Registrar be responsible for writing death certificates, • The House Officer may be requested, at the direction of the Clinical Director, General Medicine, to assist with operational research in order to enhance the performance of the General Medical Service. • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> • "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."

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	<ul style="list-style-type: none"> • “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 • Escalate any roster / MECA compliance issues to RMO Unit a.s.a.p. • Submit claims for additional duties/call-backs/cross-cover by the end of the next pay cycle – claim forms submitted beyond this timeframe will still be processed, but will require patient labels for verification and they will take longer to process • Give at least 6 weeks’ notice of leave requests wherever possible
Behavioral	<ul style="list-style-type: none"> • The Waikato DHBs <u>code of conduct</u> incorporates the State Services standards of integrity and conduct and sets expectations relating to behaviour in the workplace
Associated Documents	<ul style="list-style-type: none"> • Waikato DHB Specialty Referral Guidelines (5295) • Waikato DHB Trauma Protocol (1538) • Waikato DHB Electronic Results Acknowledgement: The responsibility of the Senior Medical Officer and the delegation of the responsibility to Resident Medical Officer (1452) • Waikato DHB Clinical Records Management (0182) • Waikato DHB Deceased (Care of) policy (0133) • Waikato DHB Admission, Discharge and Transfer (1848)

Section 2: Training and Education

Nature	Details
Protected Time	<p>The House Officer will,</p> <ul style="list-style-type: none"> • By/through example and supervision actively contribute to the education of the trainee interns and medical students assigned to their particular team. • Be requested to teach other health care workers occasionally, • Unless rostered for acute admitting or required for medical emergency the House Officer will be given every opportunity to attend the House Officer Teaching session each Tuesday from 1400 to 1700, during which time the locators will be held on their respective home wards, attend teaching as arranged by the unit, this includes but is not restricted to; • Medical Science Lecture and Physicians Grand Round each Thursday from 11am to 1 pm, • Each teams’ consultants will advise of Multi-disciplinary meeting and further clinical teaching times including Clinical Skills Courses, unit teachings and CME activities etc • Grand Round - each Thursday from 1230-1330hrs. • X-ray/clinical meeting - Monday and Tuesday 0800 – 0900hrs • Trainee Intern tutorial - Friday 1300hrs (usually) • House officer teaching programme - Wednesday: 1330-1430hrs

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Section 3: Roster

Hours of Work		
Ordinary Hours	Monday to Friday	0800 - 1600
Weekend Short Day	Saturday and Sunday	0800 - 1600
Long Days	Monday to Sunday	0800 – 2230
After Hours Roster Monday to Friday 1700 – 2230 on duty		
This is a 1:9 roster. During a 13 week clinical attachment four weeks may be rostered		

Section 4: Daily Schedule

TIME	MON	TUE	WED	THURS	FRIDAY
AM	Trauma Meeting Clinical Meeting Ward Work PAC	Trauma Meeting Ward Work PAC	Trauma Meeting Ward Work PAC	Trauma Meeting Ward Work PAC	Trauma Meeting Ward Work PAC
PM	Ward Work	Ward Work	Ward Work	Ward Work	Ward Work

Bone Shop: Monday – Friday, Emergency Department “Bone Shop”

Section 5: Performance Appraisal

House Officer	Service
<p>The House Officer will:</p> <ul style="list-style-type: none"> At the outset of the run, meet with their designated Clinical Supervisor to discuss goals and expectations for the run, review and assessment times, and teaching. After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. 	<p>The service will provide:</p> <ul style="list-style-type: none"> An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run, review and assessment times, and teaching. A mid-run meeting and an assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor. The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor 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. An end of run meeting and final assessment report on the House Officer, a copy of which is to be sighted and signed by the House Officer. For PGY 1 and PGY 2, end of run meetings and assessments will be documented electronically via e-port.

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Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic Hours	45	<p>The Service, together with RMO Support Unit will be responsible for the preparation of any Rosters</p> <p>PGY1 House Officers that have worked less than 6 months as a house officer will be a category lower in some attachments. This is because they cannot be rostered to nights until after the initial 6 months.</p> <p>Salary Category for a House Officer during the first 6 months of their placement as a PGY1: Category C</p>
Rostered additional hours		
- nights	5.04	
- long days	4	
- weekend hours	5	
Average total per week (Unrostered Hours 5.86)	59.04	
Salary		
Category: B		
Explanation of Hours Calculation to Category according to your MECA – (NZRDA or StoNZ)		

Declaration

I certify that I have read this position description and reasonably believe that I understand the requirements of the position. I understand that:

- a) This position description may be amended by the employer following reasonable notice to me
- b) I may be asked to perform other duties as reasonably required by the employer in accordance with the conditions of this position

Position description title: **House Officer – Orthopaedics**

Position holders name:

Position holders signature:

Managers name:

Managers signature:

Date of signing: