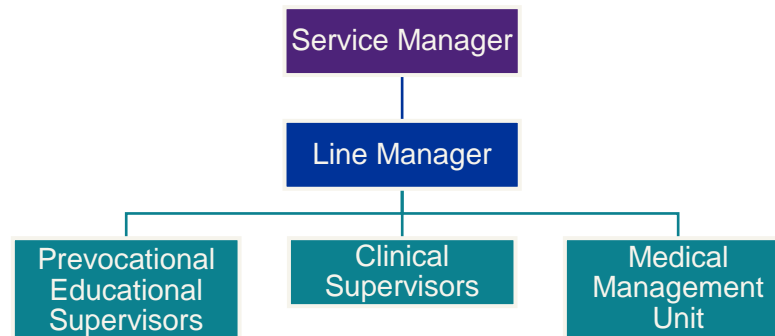


POSITION DESCRIPTION

Position	House Officer (PGY 2+)	Run period	13 weeks
Department	Reliever	Location	Rotorua Hospital
Responsible To	Service Manager – Medical Management Unit (Operational) Chief Medical Officer (Professional)	Direct Reports	Operational; Service Manager, Medical Management Unit (MMU) Professional; Head of Department Prevocational Educational Supervisors (PES) Clinical Supervisor (Ward Consultant directly supervising the House Officer)
Relationships	All healthcare workers in Health New Zealand Te Whatu Ora Lakes directly or indirectly involved in patient care	MCNZ Accreditation	Yes
Financial delegations	Nil	Date created	June 2024
Run Category	D (50-54.9), paid at B as per RDA SECA 8.1.3	Next Reviewed	June 2028



Primary Purpose of the Position

To facilitate the medical management of patients in accordance with locally and nationally accepted protocols, with high quality patient care being the primary focus. To ensure we provide the best care for patients, it requires all of the healthcare team to be involved in identifying new and improved means of delivering care.

The Quality Improvement (QI) Residency is a unique opportunity for one House Officer each quarter to have dedicated non-clinical time to examine the clinical process whilst seeking to improve it. The QI Residency includes:

- Shaping the development of a Quality Improvement Resident program for future House Officers at LDHB.
- Applying quality improvement methodology combined with clinical audit to improve the clinical process
- One-to-one clinical and quality improvement mentorship to provide guidance and support.
- Completion of a quality improvement project that can be directly linked to BPAC re-certification clinical audit.
- Presentation of QI Project outline, aim, findings and recommendations to Clinical Quality Governance Exec team at end of run.

As a Relief House Officer the employee will cover any house officer role in Rotorua hospital (excluding Paediatrics, O&G or Emergency Medicine) as instructed by the MMU. Please refer to the specific position descriptions for the specialty covered to confirm the details of each run.

Expected Hours of Work

Ordinary Hours; Monday to Friday – 0800-1600.

Dedicated non-clinical time comprising one day (8 hours) per week worked every Thursday dayshift, except for when rostered to nights or RDO.

Afterhours and Weekends

All House Officers are required to participate in an afterhours, weekend and public holiday roster. Outside of Ordinary Hours an “Afterhours Team” is in operation. During this period of time, House Officers work generically across multiple specialties. The afterhours work generally requires the House Officer to prioritise tasks. Conflicts in prioritisation can be resolved by discussion with Senior Nurses, the Registrar or the Duty Manager.

Afterhours cover will be rostered up to a maximum of two long days per week, three weekends per quarter and 12 nights per quarter. Start times and end-of-shift handover times are further explained below.

House Officer - Reliever

Long days

House Officers will be required to work long days (0800-2200). The Relief House Officer will be either rostered to the Medical or Surgical long day. The Medical long day covers all medical specialties (General Medicine, Medical Subspecialties, Older People's Health, Mental Health, ICU). The Surgical long day covers all surgical specialties (General Surgery, Orthopaedics, ENT, ICU). The long day afterhours shift starts at 1600 with a hand over from the ordinary hours House Officer, and finishes with a hand over to the night House Officer at 2200 (2100 in the weekend).

Weekends

As part of this run, Relief House Officers will be allocated to work weekend shifts, as either the Medical or Surgical House Officer. They will either be the Short Weekend (0800-1600) or the Long Weekend (0800-2100). There will be a handover between the Short Weekend and Long Weekend people at 1600. Rostered days off around weekend work will be in compliance with the relevant Union rules of each House Officer.

Night shifts

Relief House Officers will be required to work nights. During the night shift, the lone House Officer will work as a member of the Afterhours Team covering General Surgery, Orthopaedics, ENT, General Medicine, Medical Subspecialties, Older People's Health, Mental Health and ICU. Night shift starts in the Registrar Room in ED, where the long day House Officers will hand over to the night House Officer. Night shift ends at 0800 with a handover to the Medical Team in the Medical Handover Room. Formal handover to the Surgical/Orthopaedic Teams is not compulsory but House Officers are expected to use their judgement and may want to discuss patients who have been unstable overnight.

Periods of nights are 3 or 4 consecutive night shifts. Rest days after night shifts will be compliant with the relevant Union rules of each House Officer.

Public holidays

Public holiday hours follow the usual rules of the day on which the public holiday falls; if the House Officer is rostered to work a long day on a weekDAY public holiday, they work 0800-2200. If they are rostered to a long day on a weekEND public holiday, they work 0800-2100.

Ordinary hours Monday to Friday.....	0800 – 1600
Afterhours Monday to Friday.....	1600 – 2200
Weekends; Long weekend.....	0800 – 2100
Weekends; Short weekend.....	0800 – 1600
Night Shift Monday to Friday.....	2200 – 0800
Night Shift Saturday & Sunday.....	2100 – 0800

Teaching

Formal teaching

For the Relief House Officers, formal teaching is voluntary. Teaching times are:

Surgical teaching, Tuesday 1230-1330

Radiology teaching, Wednesday 1215-1300

Medicine teaching, Thursday 1230-1330

Grand Round, Friday 1230-1330

All House Officers are expected to partake in regular self-directed learning.

Relievers are strongly encouraged to attend departmental meetings and tutorial sessions in the areas to which they are providing cover (eg M&M meetings, radiology meetings, journal club, clinical pathological meetings).

The Log Book

Because of the nature of the Relief role, Clinical Supervisors may not work directly with the House Officer. In order to facilitate better supervision, a log book has been developed. It is expected that Relief House Officers log their work on a day to day basis and get their log book signed off weekly by the Consultant or Registrar of their assigned team, with comments added on areas for improvement. This needs to be completed for at least ten weeks of the rotation and will be reviewed by the Clinical Supervisor and Prevocational Supervisor. If the log book is lost or not completed, the rotation may not be able to be signed off. Blank log books are kept in MMU.

One page in the logbook shall be dedicated to the QI project and comments added by the QI mentor/supervisor for the Clinical Supervisor/Prevocational Supervisor to review.

Service Provision and House Officer Responsibilities

NB: While "team" is used in this run description, this applies equally to the team to which you are rostered for the run as well as any team to which you are assigned for afterhours duties.

Area	House Officer Responsibilities
General	<ul style="list-style-type: none">Be on-site during the ordinary hours and the assigned afterhours.

House Officer - Reliever

	<ul style="list-style-type: none"> • Work closely with the team, share responsibilities and demonstrate a high level of communication with staff, patients and support people. • Alert the Registrar of any deterioration in patient's condition early, escalate to the Consultant if the Registrar cannot be contacted. • Be culturally safe and always strive to improve cultural competence. • Assist the Registrar and/or Consultant with procedures as required. • Attend relevant handover, team and departmental meetings. • When appropriate, assist with teaching and supervision of other team members including students.
Inpatients	<ul style="list-style-type: none"> • Undertake regular ward rounds and the day-to-day management of the patients allocated to the team. This includes updating management plans in the clinical notes, implementing diagnostics (eg ordering scans/tests) and following through with treatments (eg prescribing medications or booking theatre). • Be responsible for discharge paperwork. Ensure relevant documents, e.g. Transfer of Care/discharge summaries, medication prescriptions and follow-up appointments are given to patient on discharge. If discharge paperwork is not done of the day of discharge, clearly document the reason in the patient notes. • Attend hand over at 1600 every day to alert the long day House Officer of any patients whose condition requires monitoring and review. • On Fridays; ensure weekend plans for patient's management are documented in the notes and start discharge documentation for patients who are known or likely weekend discharges.
Admitting Team	<p><u>Each day there will be an admitting team (the "Team on Take"). Responsibilities of the On Take House Officer;</u></p> <ul style="list-style-type: none"> • Attend the acute floor (usually the Emergency Department, but sometimes outpatients and other hospital locations). • Admit patients to the ward once they have been accepted by the Registrar and/or Consultant. • Assess and manage patients referred by other hospital medical professionals as directed by the Registrar and/or Consultant. • Complete the usual ward work, i.e. daily ward round and all other ward work as required.
Afterhours Acute Call	<ul style="list-style-type: none"> • Attend to nursing ward calls, assess unwell patients as requested by nursing staff, or dictated by the EWS (Early Warning System). • Admission of hospital-to-hospital transfers. • Admit patients from ED, once they have been accepted by the relevant Registrar/Consultant. • Carry out relevant investigations or treatments of new patients, as deemed necessary or as directed by the relevant Registrar and/or Consultant. • Participate in the acute cardiac resuscitation team.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the patient files. All notes and prescriptions are to be signed with a printed name and locator number legibly recorded. • Electronically accept all ordered laboratory tests in a timely manner.

	<ul style="list-style-type: none"> • Be responsible for certifying death and complete appropriate documentation. • Complete all paperwork in a timely manner, including outpatient clinic letters and post-operative notes. • At the invitation of the relevant Senior Consultants, opt to assist with operational research in order to enhance the performance of the Service. • Obtain informed consent for procedures within the framework of the NZ Medical Council guidelines which states: <ul 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 Medical Management Unit or Duty Manager directly as well as the Consultant to which the House Officer is clinically responsible, as soon as possible.
Team Work	<ul style="list-style-type: none"> • House Officers will be assigned a home team for whom they usually hold responsibility. The nature of the work dictates that some days there will be an uneven balance of workload between these teams. As such, all House Officers will be expected to work in collaboration and share the workload among themselves as needed. In distributing the workload both patient safety and the safety and experience of the House Officers will be considered, with the intent to avoid inequitable workload within the team.
Quality Improvement project	<ul style="list-style-type: none"> • Commitment to the residency programme. • Meet regularly with mentor/s as agreed. • Attend project, departmental or other hospital meetings as directed by the Clinical Lead, Quality or as required to complete the project/s. • Complete at least one quality improvement project, this may be directly linked to your clinical audit and be involved in designated project/s as advised by the Clinical Lead, Quality. • Provide feedback and direction to the Clinical Lead, Quality on the pilot to inform the evaluation. • During the residency, the House Officer should present their project/s and or key learnings to colleagues through various communication channels including presentations, articles, social media (internal and external where appropriate). • Adhere to professional standards and LDHB standards (clinical and non-clinical) at all times. • Contact the Clinical Lead, Quality or your service manager with any concerns about responsibilities, expectations or general queries.

Timeline:	Activity:	Outcomes:
Once a week, each week.	Meet with mentor/s.	✓ Scope the project, audit/project registration to audit department (central repository)

Week one and two: Introduction to Quality Improvement	Identify a project that has a clear problem to address that will improve patient safety and/ or patient care.	✓ Draft Driver Diagram and PDSA plan: topic area and outcomes.
Week three and four: Project development	Literature review on topic area. Develop PDSA plan and meet with appropriate staff to obtain support and validate. Present PDSA plan at an appropriate forum. Complete data collection/clinical audit. QI project meetings (as required).	✓ Summary of literature review. ✓ PDSA plan: approved by key staff. ✓ Communications plan
Week five and six: Measurement and analysis	PDSA plan to progress recommendations and deliver improvements as small tests of change. QI project meetings (as required).	✓ PDSA plan: project underway, data collected – changes identified.
Week seven to eight: putting theory	Complete further PDSAs. Complete evaluation report.	✓ Complete small test of change.
Project evaluation and recommendations	Presentation of QI project to relevant stakeholders and Clinical Quality Governance Exec Team at end of run with outline of project, aim, findings and recommendations.	✓ Apply quality improvement methodology. ✓ PDSA: project completed, data analysed, findings summarised and next steps. Prepare Project Closing Document or Presentation to Quality Clinical Governance Exec Team and other relevant teams/departments

Performance Appraisal

House Officer	Service
The House Officer will:	The Service will provide:



<ul style="list-style-type: none"> • Choose a Clinical Supervisor (a Consultant who will monitor the progress of the House Officer during the run). • At the outset of the run meet with their chosen Clinical Supervisor to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. • Maintain a logbook; a record of work done throughout the week, including feedback from Registrars and/or Consultants. Bring the logbook to the Clinical Supervisor meetings. • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. • Document meetings, goals and performance reviews in e-port, as dictated by the NZ Medical Council. 	<ul style="list-style-type: none"> • An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run, review and assessment times, and teaching times. • An interim assessment report on the House Officer six weeks into the run, after discussion between the Registrar and the Consultant responsible for them. • The opportunity to discuss any deficiencies identified during the run. The Clinical Supervisor responsible for the House Officer will bring these to the House Officers attention and discuss and implement a plan of action to correct them. • 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. • Open and timely accessibility for the House Officer to their Clinical Supervisor and their PES during ordinary hours, for the entirety of the attachment, including an alternative Consultant if the primary supervisor is on leave. • For PGY1 and PGY2 House Officers, beginning, middle and end of run meetings and assessments will be documented electronically via e-port.
---	--




Signatures:

Line Manager:	Employee:
Position Description Approved:	Acceptance of Position Description:
Date:	Date:

(Please also initial all other pages to show acceptance of position description.)

Health New Zealand Lakes Values and Organisational Culture

Key Objectives	Description	Expected Outcomes
<p>Communication and Personal Interaction</p> <p>Te Ringa Hora</p>  <p><i>the open hand (denoting someone who is sociable)</i></p>	<p>Openly communicates and cooperates with all levels of Health New Zealand – Lakes (Lakes) employees, patients and visitors.</p>	<ul style="list-style-type: none"> • Listens actively, absorbs message and responds appropriately. • Builds effective working relationships. • Establishes rapport with others and gains their respect while being adaptive in relating to different types of people and situation. • Openly and constructively participates in conversations with md team, patients, managers and visitors. • Patients and visitors are appropriately welcomed and treated while within Health New Zealand – Lakes. • Collegiality with team mates and multi-disciplinary teams. • Accepts differences of opinion can occur but these happen respectfully and without any continued animosity
<p>Strategy & Performance</p> <p>Te Ringa Raupā</p>  <p><i>the roughened hand (symbolising a hard worker)</i></p>	<p>Spends energy on delivering role requirements and meeting objectives.</p>	<ul style="list-style-type: none"> • Has an energetic approach to work and is self-motivated. • Accepts direction and instruction of manager but is able to work effectively without direction or guidance. • Organises time and resources effectively. • Understands and work towards achievement of the organisation's goals. • On shift is busy completing shift duties.
	<p>Organises own time to deliver on required tasks and duties.</p>	<ul style="list-style-type: none"> • Utilises effective time management strategies to meet shift duties and works towards achieving objectives in any spare moments.

<p>Development and Change Te Ringa Ahuahu</p>  <p>Te Ringa Ahuahu</p> <p><i>the hand that shapes or fashions something (refers to someone who is innovative)</i></p>	<p>Accepts change in day to day practices and contributes to decision making of the team.</p>	<ul style="list-style-type: none"> • Can adjust behaviour to the demands of the work environment in order to remain productive through periods of transition, ambiguity, uncertainty and stress.
<p>Personal Accountability Te Ringa Tōmau</p>  <p>Te Ringa Tōmau</p> <p><i>the hand that is trustworthy</i></p>	<p>Is open with manager and colleagues and open to accepting feedback and critique to improve upon practice.</p>	<ul style="list-style-type: none"> • Offers constructive criticism and accepts feedback. • Establishes rapport with others and gains their respect while being adaptive in relating to different types of people and situations, to allow improvements to be made. • Accepts all feedback and participates in feedback discussions appropriately. • Responds and queries how improvements can be made. • Advises manager wherever issues may be impacting on performance.
<p>Culture and Values Te Ringa Taurima</p>  <p>Te Ringa Taurima</p> <p><i>the hand that nurtures, encourages, supports</i></p>	<p>Operates in line with Lakes values and expectations and professional codes of conduct.</p>	<ul style="list-style-type: none"> • Demonstrates a commitment to cultural safety by meeting and exceeding the cultural needs of clients/ customers/ colleagues. • Incorporates the Lakes Way into day to day business activities. • Shows respect for patients, colleagues, managers, multi-disciplinary teams. • Utilises the Lakes Way philosophy to engage with patients, visitors and multi-disciplinary teams.

Compulsory Requirements Expected Outcomes

Māori Health

Māori philosophies and values of health are demonstrated in work practice.

- Meaningful relationships are established with Te Aka Matua (Rotorua and Taupo Hospitals) and Lakes Maori Health division in the planning and delivery of services.
- Practices are consistent with Te Tiriti o Waitangi /The Treaty of Waitangi when working with Māori.
- Delivery of safe services for Māori are facilitated by ensuring they can access treatment options and are involved in the planning and delivery of their care.
- Māori are enabled to access and participate in cultural activities provided by the Lakes.
- A commitment to improving the wellbeing of Māori by increasing cultural knowledge in the Lakes is shown.

Te Iti Kahurangi

The Lakes Way, Our Place Our Culture.

- Works within the Te Iti Kahurangi framework and supporting guide document.

Record Keeping

- Complies with the Lakes Corporate Records Management policy to create and maintain full and accurate records.

Quality & Risk

Patient safety is paramount to the service we deliver at Lakes. This is to be achieved in a clinical governance framework that is culturally responsive and identifies and manages risk and opportunities to improve.

- Employees are supported to lead by example and implement a culture of continuous quality improvement.
- Risks that may prevent Lakes from achieving their goals are identified, reported, and managed.
- Māori patients are provided patient-centred care to achieve positive Māori health outcomes.
- Needs of Māori are reviewed and reported in the further development of practice, process and or policy.
- Evidence-based methodologies are used to support improvements, e.g. kaupapa Māori methodology.
- Quality care is provided to certification standards.

Compulsory Requirements Expected Outcomes

Health & Safety

Each individual is responsible for ensuring the safety of themselves, their colleagues, patients and their visitors and to comply with all organisational health and safety policies, procedures and guidelines.

- Implementation and reinforcement of a proactive healthy work place culture which reflects relevant Lakes policy and legislative requirements.
- Healthy lifestyles are actively promoted and participated in, within the work area.
- Employees participate in Health and Safety within areas of work.
- Health and Safety activities are appropriately documented within specified timeframes.
- Health and Safety policies have been read and understood and are applied in the workplace.
- Health and Safety policies are appropriately documented within specified timeframes and incidents are reported immediately.
- Any opportunities for improving Health and Safety are reported and acted upon in a timely manner.
- All near misses/incident/accidents are reported to the appropriate line manager within 24 hours.

Person Specification

Essential

Desirable

Education and Qualifications

- A medical practitioner registered or able to obtain general registration with the Medical Council of New Zealand.
- Current Practising Certificate.
- Member of Medical Protection Society or equivalent

- Proven professional and clinical credibility.
- Proven commitment to provision of quality medical care.
- Ability to function as a multidisciplinary team member.
- Role model including being a nonsmoker.
- Demonstrates cultural safety in practice.
- Demonstrated commitment to own professional development.
- Ability to meet defined timeframes and to be self-directed.
- Has good command of conversational and written English

Experience

- Involvement with Quality Assurance or Continuous Improvement
- Involvement in programmes including audit programmes and peer review
- Has keyboard skills and is computer literate

Knowledge

- Te Tiriti O Waitangi in the provision of health care services and support to Māori.

Person Specification	Essential	Desirable
	<ul style="list-style-type: none"> Te Tiriti O Waitangi in practice, process, policy development and decision making. 	
Skills	<ul style="list-style-type: none"> Pronunciation of Te Reo Māori words and names. 	<ul style="list-style-type: none"> Te Reo Māori. Excellent communication and interpersonal skills.
Personal Attributes	<ul style="list-style-type: none"> Self-motivated and uses initiative. Honest and reliable. Ability to work in a team environment. Ability to work under pressure and adapt to changes in a demanding work environment. Ability to maintain a calm disposition under pressure. Ability to escalate concerns and seek assistance. Accepts direction and delegation. 	<ul style="list-style-type: none"> Non-smoker preferred.



About Health New Zealand – Lakes

At Lakes we place the highest value on the health and wellbeing of everyone in our community. As such all healthcare workers are expected to play a part in the creation and promotion of an environment which lives the following vision, mission and values:

Vision

Healthy Communities – Mauriora! In this vision Mauriora refers to the Mauri - being the life essence and the source of well-being, and ora - describing the state of wellness.

Strategic Mission

- Achieve equity in Māori health.
- Build an integrated health system.
- Strengthen people, whanau and community wellbeing.

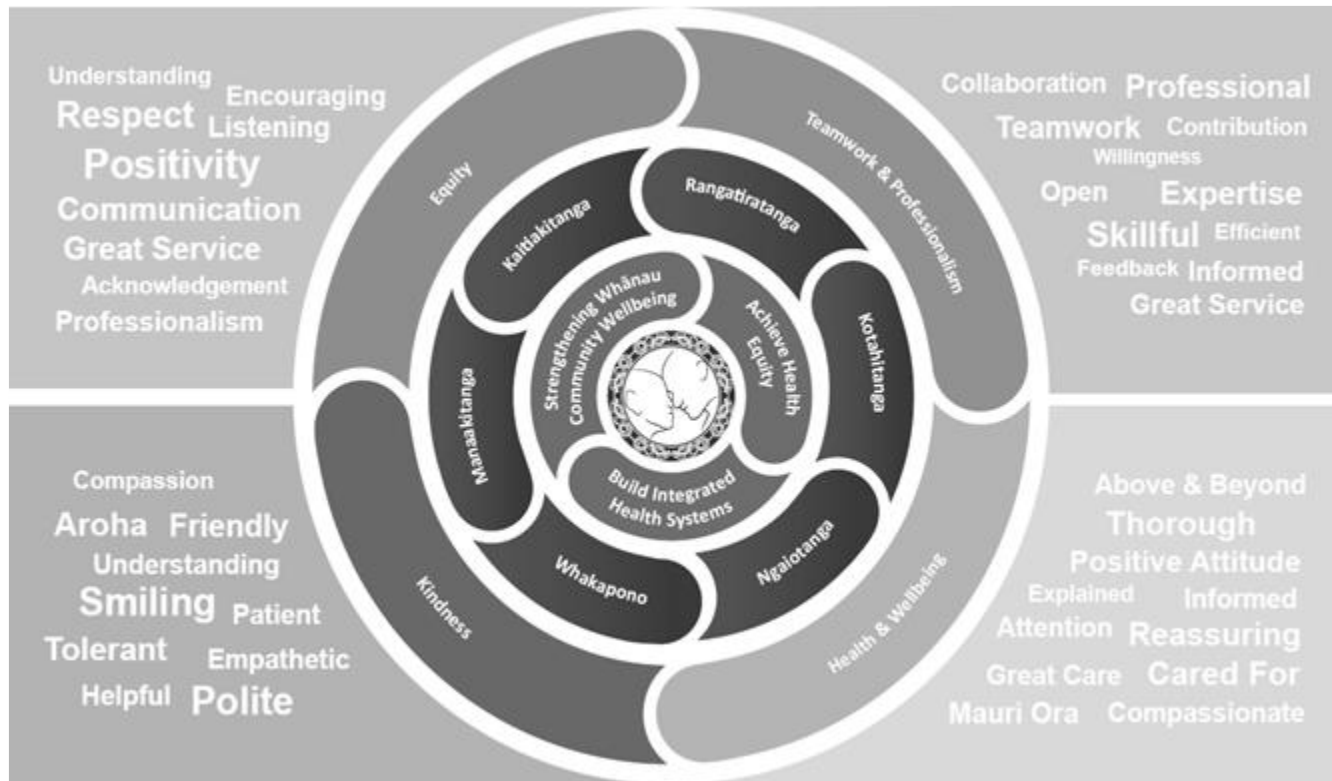
Three Core Values

Manaakitanga Respect and acknowledgment of each other's intrinsic value and contribution.

Integrity Truthfully and consistently acting collectively for the common good.

Accountability Collective and individual ownership for clinical and financial outcomes and sustainability.

Te Iti Kahurangi – The Lakes Way, Our Place, Our Culture – We Will



Te Tiriti O Waitangi

Our expression of Te Tiriti o Waitangi

The text of Te Tiriti, including the preamble and the three articles, along with the Ritenga Māori declaration, are the enduring foundation of our approach to achieving health and independence. Based on these foundations, we will strive to achieve the following four goals, each expressed in terms of mana.

Mana whakahaere

Effective and appropriate kaitiakitanga and stewardship over the health and disability system. Mana whakahaere is the exercise of control in accordance with tikanga, kaupapa and kawa Māori. This goes beyond the management of assets and resources and towards enabling Māori aspirations for health and independence.

Mana motuhake

Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.

Mana tangata

Achieving equity in health and disability outcomes for Māori, enhancing the mana of people across their life course and contributing to the overall health and wellbeing of Māori.

Mana Māori

Enabling Ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

Lakes is committed within the framework of the New Zealand Public Health and Disability Act (2000) to supporting the Crown's commitment to upholding its Tiriti promises.

Organisation Structure

