EMERGENCY DEPT HOUSE OFFICERS JOB DESCRIPTION

House officers reporting from January 2008 onwards will have to undergo 2 years housemanship training and ED has been included as one of the six postings with tenure of 4 months in each posting. House officers can be posted to ED from the 4th posting onwards.

The ED has 2 Emergency Physicians, 2 Senior Medical Officers, about 12-15 Medical Officers, a varying number of house-officers and supported by assistant medical officers, staff nurses and attendants.

All investigations, including CT when appropriate are available 24 hours a day. We also have bedside ultrasound capable of basic echocardiography, and point-of-care tests in the emergency department.

Doctors working in the department are supported by medical officers on call in all disciplines as well as specialist consultants on call. Broad clinical experience is gained in a wide range of medical and surgical conditions and the opportunity exists to learn and perform several clinical procedures under supervision. A structured teaching program is also in place with weekly lecture/tutorial sessions on Wednesdays from 8.30 am till 10.30 am as well as case reviews and individual case tuition provided by the consultants within the department.

The Emergency Department undergoes continuous redevelopment to increase the treatment space and to improve patient care delivery. These developments promotes a more pleasant working environment and permits smoother patient flow while taking care of the needs of patients’ relatives at the same time.

Duties of the House Officer

1. Provide acute medical care to Emergency Department patients in the ED.
2. Complete the appropriate documentation and sign the appropriate forms.
3. Participate in educational and clinical audit activities organised by the Emergency Department.
4. Other duties as determined by the Head of Department or the Emergency Physician.
5. Maintain safety and the best interests of all ED patients at all times
6. Familiarise themselves with the guidelines in the hospital and ED.

House officers have variable experience and therefore must work in the Emergency Department under the supervision of more senior doctors. ED Consultants are responsible for the house officers and medical officers, who should actively seek the Consultant’s advice on patients when necessary.

More mistakes are made by not asking than by not knowing. If in doubt, ask!

Prepared by
Emergency Department Committee for Competency Assessment (ED-CCA)
Valid until next review Jan 2011
Clinical Privileges

1. House officers will see and manage all cases together with the medical officers and Emergency Physician / Consultant. They are expected to see patients first-hand, examine and document their examination findings in the patient card. If they have seen the patient with another doctor, they are also required to document the name of the doctor and their findings. All document entries must have a time entry, a signature and the written / stamped name of the doctor.

2. House Officers must be part of the team during resuscitation.

3. In medico-legal cases, all House Officers must seek a review by ED medical officers. They should not manage OSCC cases by themselves but should tag along with the ED Medical Officer.

4. As house officers are not allowed to write medical reports, all case notes of medico-legal cases seen by house officers should be countersigned by the medical officer and the medical report will be written by this medical officer.

5. All ECG's and x-rays ordered by a house officer are to be reviewed together with the medical officer or Emergency Physician. The interpretation of these ECGs and X-rays are to be clearly written on the patient card.

6. House officers can refer patients to medical officers on call in specialty units for opinion and further management. Should there be a need to refer the patient to a specialist; the case has to be discussed with the medical officer or Emergency Physician prior to referral.


8. House officers are NOT to discharge from the Emergency Department ANY patient without the approval of the medical officer or Emergency Physician.

9. House officers are not to undertake any invasive procedure or to initiate any emergency treatment UNLESS:
   (a) They have previously demonstrated proficiency in that particular area.
   (b) They have discussed the case with the medical officer or Emergency Physician.

10. Investigations ordered must comply with the Traffic Lights Policy (Sensible Test Ordering Practice) of the hospital. Kindly refer to this document.

11. The duties of the consultant or emergency physician can be delegated to a senior medical officer in the Emergency Department.

12. All House Officers shall be considered as doctors of the ED except where specifically stated.

13. All House Officers have the right to ask for assistance at any time of any day from any other senior member of the ED staff and hospital, without fear of reprimand, on any matter related to clinical care, patient care and matters affecting the function of the ED.

14. All House Officers shall maintain a shared duty to ensure that safety and the best interests of all ED patients remain our highest priority at all times.