General guidelines for House officers KFTH

- All doctors should follow the timings of hospital i.e. from 8:00 am to 3:00 pm. They should be regular and punctual, irrespective of their afterhours duty rosters
- All the doctors will follow the duty rosters as per schedule in the afterhours and should be punctual.
- Dress code should be observed by all doctors and should wear lab coat with name plate and stamp in pocket.
- Doctor should not leave the duty place until next duty doctor arrives and they should give proper handover.
- Don't leave the duty place while on duty. If someone has to leave urgently he should inform his seniors and assign his duty to his colleagues.
- Should not be absent without prior permission of seniors and with proper leave application and replacement.
- Should respond promptly to the patient's attendant's complaints.
- It is expecting from the all HO to be computer/ IT savvy and should be able to follow the HIMS system in true letter inspiration.
- Any document what so ever printed or written by the HO must be signed by the HO and stamped along with the PMDC number.
- It is mandatory to abide by the rules and regulation and any duties allocated to HO by the HOD and administration of kishwar Fazal Teaching Hospital.
- **PLEASE BE REMINDED THAT NO HOUSE OFFICER CAN NOR ADMIT NEITHER DISCHARGE THE PATIENT ON HIS OWN WITHOUT THE PERMISSION OF PGR OR A CONSULTANT ON DUTY. PLEASE MAKE SURE THAT ANY MEDICATION OR INVESTIGATION WRITTEN MUST BE COUNTER SIGNED BY THE PGR OR CONSULTANT ON DUTY.**
- House officer posted in ward should do morning rounds with assigned department consultants.
- Maintain order register and carried out orders on time.
- He should handover patient's details to the on call house officers reliving him from his/her duties inward.

- It is duty of on call duty doctor to complete all the case histories of newly admitted patients in the ward, send and collect investigation reports as required, council them regarding treatment plan.
- take preoperative fitness from anesthesia department and explain advised procedure to patient , and make discharge summaries.
- the BLS and ATLs during the course of house job

It is mandatory to participate in all the following academic activities:

1. Journal Club (weekly)
2. Mortality Meeting (monthly)
3. Imaging sessions (monthly)
4. Hospital CPC (Friday)
5. Power point presentations (weekly basis)
6. Long Case /Short Cases (during ward rounds and weekly basis)

During the tenure of the House Job the following areas must be learned by the House Offisers:

Assessment of patient needs

No	Procedure	Description	Level of competence
1.	Take baseline physiological observations and record appropriately(History)	Measure temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations and urine output. GPE & Systemic examination , Provisional & Deferential diagnosis	Safe to practice under indirect supervision

2.	Carry out peak expiratory flow respiratory function test	Explain to a patient how to perform a peak expiratory flow, assess that it is performed adequately and interpret results.	Safe to practice under indirect supervision
3.	Perform direct ophthalmoscopy	Perform basic ophthalmoscopy and identify common abnormalities.	Safe to practice under indirect supervision
4.	Perform otoscopy	Perform basic otoscopy and identify common abnormalities.	Safe to practice under indirect supervision

Diagnostic procedures

No	Procedure	Description	Level of competence
5	Carry out venepuncture	Insert a needle into a patient's vein to take a sample of blood for testing. Make sure that blood samples are taken in the correct order, placed in the correct containers, that these are labeled correctly and sent to the laboratory promptly.	Safe to practice under indirect supervision
6	Take blood cultures via peripheral venepuncture	Take samples of peripheral venous blood to test for the growth of infectious organisms.	Safe to practice under direct supervision
7	Carry out arterial blood gas and acid base sampling from the radial artery in adults	Insert a needle into a patient's radial artery (in the wrist) to take a sample of arterial blood and interpret the results.	Safe to practice under direct supervision
8	Measure capillary blood glucose	Measure the concentration of glucose in the patient's blood at the bedside using appropriate equipment. Record and interpret	Safe to practice under indirect supervision

		the results.	
9	Carry out a urine multi dipstick test	Explain to patient how to collect a midstream urine sample. Test a sample of urine to detect abnormalities. Perform a pregnancy test where appropriate.	Safe to practice under indirect supervision
10	Carry out a 3- and 12-lead electrocardiogram	Set up a continuous recording of the electrical activity of the heart, ensuring that all leads are correctly placed.	Safe to practice under indirect supervision
11	Take and/or instruct patients how to take a swab	Use the correct technique to apply sterile swabs to the nose, throat, skin and wounds. Make sure that samples are placed in the correct containers, that these are labeled correctly and sent to the laboratory promptly and in the correct way.	Safe to practice under indirect supervision for nose, throat, skin or wound swabs

Patient care

No	Procedure	Description	Level of competence
12	Perform surgical scrubbing up	Follow approved processes for cleaning hands and wearing appropriate personal protective equipment before procedures or surgical operations.	Safe to practice under direct supervision
13	Set up an infusion	Set up and run through an intravenous infusion. Have awareness of the different equipment and devices used.	Safe to practice under direct supervision

14	Use correct techniques for moving and handling, including patients who are frail	Use, and/or direct other team members to use, approved methods for moving, lifting and handling people or objects, in the context of clinical care, using methods that avoid injury to patients, colleagues, or oneself.	Safe to practice under indirect supervision

Prescribing

15	Instruct patients in the use of devices for inhaled medication	Explain to a patient how to use an inhaler correctly, including spacers, and check that their technique is correct.	Safe to practise under indirect supervision
16	Prescribe and administer oxygen	Prescribe and administer oxygen safely using a delivery method appropriate for the patient's needs and monitor and adjust oxygen as needed.	Safe to practise under indirect supervision
17	Prepare and administer injectable (intramuscular, subcutaneous, intravenous) drugs	Prepare and administer injectable drugs and prefilled syringes.	Safe to practise under direct supervision

Therapeutic procedures

18	Carry out intravenous cannulation	Insert a cannula into a patient's vein and apply an appropriate dressing.	Safe to practise under direct supervision

19	Carry out safe and appropriate blood transfusion	Following the correct procedures, give a transfusion of blood (including correct identification of the patient and checking blood groups). Observe the patient for possible reactions to the transfusion, and take action if they occur.	Experienced in a simulated setting; further training required before direct supervision
20	Carry out male and female urinary catheterization	Insert a urethral catheter in both male and female patients.	Safe to practise under direct supervision
21	Carry out wound care and basic wound closure and dressing	Provide basic care of surgical or traumatic wounds and apply dressings appropriately.	Safe to practise under direct supervision
22	Carry out nasogastric tube placement	Pass a tube into the stomach through the nose and throat for feeding and administering drugs or draining the stomach's contents. Know how to ensure correct placement.	Safe to practise in simulation
23	Use local anaesthetics	Inject or topically apply a local anaesthetic. Understand maximum doses of local anaesthetic agents.	Safe to practise under direct supervision

Good medical practice *sets out the principles, values, and standards of professional behaviour expected of all doctors*

It covers areas that include:

- making the care of patients the first concern
- providing a good standard of practice and care, and working within competence
- working in partnership with patients and supporting them to make informed decisions about their care
- treating colleagues with respect and help to create an environment that is compassionate, supportive and fair
- acting with honesty and integrity and being open if things go wrong
- protecting and promoting the health of patients and the public

The House Officers opted for these two specialties must undergo and fulfill the criteria as detailed below:

1. Obstetrics and Gynecology

• Undertake a competent clinical assessment of a patient with presentation of common obstetrical and gynecological conditions, including pregnant women, menstrual history etc. .

• Acquire knowledge and skills of a woman in labor and delivery.

• Acquire skills to assess fetal well-being.

• Understand the management and possible complications, including abnormal labor and delivery, abnormal postnatal care, vaginal bleeding, incontinence and prolapse and treatment of infections.

• Evaluate common patients co-morbid with a pregnancy condition, including diabetes mellitus, hypertension and asthma.

• Be familiar with the diagnostic patterns used in the evaluation of patients with common obstetrical and gynecological conditions, including **urinary pregnancy test, quantitative HCG assessment, routine antenatal screening investigations, use of ultrasound techniques, abnormal CTG traces and Pap Smear.**

• Make recommendations for the initial phases of management of common obstetrical and gynecological conditions.

Basic Procedural Competencies in Obstetrics and Gynecology Specialty:

1. Perform Fundal height assessment.
2. Perform fetal heart sound detection.
3. Apply and interpret CTG tracing.
4. Assist in low risk normal vaginal delivery.
5. Assist in episiotomy performance and suturing.
6. Perform speculum examination.
7. Assign neonatal APGAR score.

2. Pediatrics

At the completion of this rotation, the house officer will be able to:

• Obtain a full history and perform physical examination of an infants and child.

• Seek further relevant information related to differential diagnosis.

• Demonstrate awareness of issues in examination of child and adolescent at risk.

• Take a child's temperature and record on chart demonstrating correct useof different methods/sites.

• Perform ear examination using the otoscope.

• Measure blood pressure by using sphygmomanometer and plot a chart for infant

• Measure and plot a chart of head circumference, weight and height for an infant, and adolescent.

• Observe and assess on performing lumbar puncture..

• Acquire the basic knowledge in the management and therapies of common general pediatric problems

• Calculate and chart a pediatric drug dosage correctly using weight or surface area. Recognize and use sources of recommended dosages and chart correctly.

• Convey information about investigations required and investigation results in appropriate language and with accuracy based on evidence and verify patient/parents/caregiver understanding.

• Convey information to parents about immunization schedule, indications and contraindications.

• Perform routine immunization confirming appropriate site, equipment and technique.

• Should know how to perform resuscitation in children of all ages.

• Demonstrate ability to communicate effectively and accurately regarding ongoing care, management plans and responsibilities.

• Understand responsibilities regarding notification of children atrisk.

• Demonstrate awareness of the issues in ongoing care for children of families living in rural and regional areas and the medical management difficulties for these families

Basic Procedural Competencies in Pediatrics Specialty:

1. Perform ear examination using the Otoscope.
2. Assist in performing lumbarpuncture.
3. Perform arterial and venous blood withdrawal.
4. Assist in performing CPR in children of all ages.
5. Perform suturing of minor wounds and removal of sutures.

6. Assist in inserting Foley catheter.
7. Assist in inserting Nasogastric tube

House Officer Assessment Criteria

The house officer will be assess at the end of rotation by supervisor. Assessment includes four domains i.e. clinical management, medical practice, professionalism, communication

1. Clinical management

2- Medical Practice

3- Professionalism

4- Communication Skills

Principal	**Medical Director**
Amna Inayat Medical College	Kishwar Fazal Teaching Hospital