

# SASKATCHEWAN CANCER AGENCY JOB DESCRIPTION

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**POSITION:** Medical/Radiation Oncology House Officer (MO/R0)

**DIVISION:** Medical Services

**REPORTS TO:** Medical and Radiation Oncology - Medical and Radiation Oncologist

**DATE:** July 15, 2013

**REVISED:**

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## **GENERAL ACCOUNTABILITY:**

While working in a collaborative, coordinated and mutually supportive fashion with the Saskatoon Health Region, Saskatchewan Cancer Agency and the University of Saskatchewan, the House Officer will provide first call for Medical Oncology (including non-surgical Gyne Oncology) and Radiation Oncology patients at Royal University Hospital from 5:00 pm to 8:00 am daily including weekends and statutory holidays. The House Officer must be available to respond by telephone within 15 minutes and be able to be on-site within 30 minutes.

## **QUALIFICATIONS & EXPERIENCE**

- PGY3 - preference will be given to residents that have completed ICU and CCU rotations.
- Licensed with the College of Physicians and Surgeons of Saskatchewan.
- Eligible for CMPA coverage.
- ACLS preferred

## **ORGANIZATION STRUCTURE:**

This position reports to the Medical/Radiation Oncologist on-call. No positions report directly to the House Officer.

## **NATURE AND SCOPE:**

The Oncology House Officer Program was conceived to provide physician support to the Medical Oncology (including non-surgical Gyne Oncology) and Radiation Oncology programs in the Saskatoon Health Region (in affiliation with the Saskatchewan Cancer Agency).

SPECIFIC ACCOUNTABILITIES:

- First call response to inpatient nursing issues/concerns on 6100
- First call response to Emergency Room for consultation on Medical/Radiation/Gyne patients **already known** to a consultant Medical/Radiation/Gyne Oncologist (in association with the Saskatchewan Cancer Agency).
- House Officers are NOT to take outside calls from Medical/Radiation/Gyne Oncology patients or ACAL (Acute Care Access Line).
- It is expected that the House Officer will give handover to the Clinical Associate for Medical Oncology and for Radiation Oncology at 8am over weekdays (over the weekend to the MRP Medical Oncologist and Radiation Oncologist) about patients that they were involved with overnight. Likewise, the Clinical Associate or MRP will give handover to Oncology House Officer at 5pm.
- At all times during their on-call, the Oncology House Officer are encouraged to contact the on-call Medical Oncologist or Radiation Oncologist consultant if deemed necessary.
- Oncology House Officers are **NOT** to see patients not already known to a consultant MRP.
  - ***The exception is if the On Call Medical/Radiation Oncologist has been sufficiently briefed and feels it appropriate that the patient can be safely assessed by the Oncology House Officer***
- Oncology House Officers can provide supportive care such as antibiotic administration, blood product support, IV fluid support, mineral support, and analgesia.
- Oncology House Officers are **NOT** to write orders or co-sign orders for Chemotherapy, Immunotherapy, or Radiotherapy.
- All Oncology House Officers, before starting date, will meet with the site leaders from Medical Oncology and Radiation Oncology to discuss the roles and responsibilities.
- Twice yearly the Oncology House officers will meet with site leaders (MO/RO) to discuss any on-call issues.

**Non-Surgical Gyne Oncology Patients**

- Non-surgical gyne patients who are under the care of Gyne Oncology are covered by Oncology House Officer. During the weekdays Oncology House Officer should contact Gyne Oncologists on-call if need be. However, over the weekends, Oncology House Officers should contact the 2nd on-call MRP (Medical Oncologist or Gyne Oncologist) if need be.

**Role of Consultant Medical/Radiation/Gyne Oncologist**

- Be available at all times by pager, phone or in person (within 30 minutes) so as to provide clinical support and direction with respect to management of Medical/Radiation Oncology patients.
- Further to the above, a consultant Medical/Radiation Oncologist must be on call for all Medical/Radiation/Gyne Oncology inpatients and outpatients to support the House Officers at all times.

**PATIENT AND FAMILY CENTERED CARE**

Patient, Resident, Client and Employee safety is a critical aspect of quality healthcare. All staff are accountable for creating a culture of safety, working as a team, communicating effectively and responding to adverse events.

**SAFETY**

As part of the overall Agency commitment to safety and in accordance with the Agency's Safety Plan, the incumbent is expected to act accordingly to keep themselves, patients/clients and workers safe. The incumbent will ensure that health and safety requirements applicable to their area of responsibility are in compliance with Saskatchewan Safety Legislation. The incumbent will be an active champion of the organization's Safety commitment and initiatives and where applicable, will engage, promote and support specific safety program(s) or initiative(s) (eg. Emergency Preparedness, committee work, etc.).