

Rawalpindi Medical College & Allied Hospitals



HOUSE OFFICER'S GUIDE

Muhammad Umar
Hamama-tul-Bushra



اور جو لوگوں کو فائدہ پہنچاتا ہے وہ روئے زمین پر قائم رہتا ہے (الرعد: ۱۷)

Which is for the good of mankind remains in the earth

(AL-QURAN)

HOUSE OFFICERS GUIDE

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About the Authors

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Graduated in 1981 from Rawalpindi Medical College with distinction and award of Presidential Gold Medal by President of Pakistan. Started his professional career as Assistant Professor of Medicine after obtaining membership (MCPS) and then fellowship (FCPS) from College of Physicians & Surgeons Pakistan in 1985. He is awarded fellowship from American College of Gastroenterology (FACG) in 2002, Royal College of Physicians London (FRCP), Royal College of Physicians Glasgow (FRCP) in 2006, and American Gastroenterological Association (AGAF) in 2007. He is the first Governor of American College of Gastroenterology (ACG) for Pakistan. He was appointed Assistant Professor, Associate Professor and currently the Professor & Chair of Medicine and Chief of Gastroenterology & Hepatology Division in RMC. He had keen zest for gastroenterology and specifically hepatology, so he started pursuing his career in this field. He established GI & Liver Clinic, GI & Liver Learning Resource Centre, and Liver Research data base at Holy Family Hospital Rawalpindi in 1998.

He had contributed to gastroenterology by publishing more than 70 review and original research papers in various national and international journals, two books on hepatology; "Evidenced Based Approach to Hepatitis C Management" and "Hepatitis C in Pakistan". Moreover, he published National Hepatitis Practice Guidelines. He was awarded SJZ Research Award by Pakistan Society of Gastroenterology & GI Endoscopy in 2004. He is the Past President of Pakistan Society of Gastroenterology & GI Endoscopy, President Elect Pakistan Society of Hepatology, and President of Rawalians' Research Forum on GI & Liver Diseases. Medical Director of Holy Family Hospital Rawalpindi (2009), Member of Board of Management of Rawalpindi Medical College and Allied Hospitals He is on Editorial Board of Journal of Rawalpindi Medical College, Associate Editor of Journal of Pakistan Society of Gastroenterology. Editorial Board of Bangladesh Journal of Hepatology, Editorial Board of Libyan Journal of Gastroenterology, and Member of International Cor-Curriculum Committee on GI Endoscopy of OMED, Member Global Guideline Committee of World Gastroenterology Organization (WGO), Clinical Coordinator of National Prevention and Control Program of Hepatitis. He is Chairman ASIAHEP Pakistan. He is author of "Standards in Gastrointestinal Endoscopy Training" "MD Training Program for Gastroenterology" and "Basic Skills in Gastrointestinal Endoscopy Training Manual" and Medical Emergencies Management Guidelines. He is a member of foreign graduate evaluation committee of PMDC.

Hamama-tul-Bushra Khaar

BSc, MBBS, FCPS, FRCP (Glasg), FACP



She graduated from Rawalpindi Medical College Pakistan being Best Graduate in 1981. She obtained fellowship from College of Physicians & Surgeons Pakistan (FCPS) in 1985 and started her career in medicine. She was honored with fellowships from Royal College of Physicians Glasgow (FRCP) and American College of Gastroenterology (FACG) in 2007. She was appointed Assistant Professor, Associate Professor and currently the Professor of Medicine at Rawalpindi Medical College and consultant gastroenterologist at Holy Family Hospital Rawalpindi Pakistan. She had strong interest in gastroenterology and hepatology, so she started pursuing her career in it. She started practicing gastroenterology and developed an Endoscopy Suite at District Headquarters Hospital Rawalpindi in 1995.

She has a long list of publications including original and review papers, books, guidelines, and manuals. She has published about 80 research papers, two books on hepatology; Evidenced Based Approach to Hepatitis C Management and Hepatitis C in Pakistan. Moreover, she published National Hepatitis Practice Guidelines and "Basic Skills in Gastrointestinal Endoscopy Training Manual", MD Training Program, Standards in Gastrointestinal Endoscopy,. She is member of Editorial Board of Pakistan Journal of Gastroenterology and Research Director of Rawalians Research Forum since 1998.

CO-AUTHOR

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She is graduate of Rawalpindi Medical College, Rawalpindi and after completion of house jobs, she joined as WMO in Holy Family Hospital, Rawalpindi. She worked in casualty for three years and then joined administration in 2003. She did her master in health care system management from College of Physicians and Surgeons Pakistan and is now in MPH (Final Semester). She has done a research paper on the “Reasons for joining the medical field”. This guideline book is written with a view to improve the quality of patient care as well as to facilitate the doctors at their workplace. House officer will surely benefit the most from this instruction manual.

Key points (Ethical Musings)

1. Recognition of critical points in time when decisions must be made and expectation in decision making.
2. An absolutely vivid and direct approach to the righteous of any decision for the patient.
3. Simple and direct communication of any situation to the concerned people.
4. Achievement of agreement on any plan of action or inaction (right person with whom to discuss DNR issues if feasible)
5. Documentation of every discussion or conclusion.

AIMS AND OBJECTIVES

Newly inducted House Officers are the core members of a hospital team. They join the hospital for two main reasons firstly to get training as part of their carrier as a Pakistan Medical and Dental Council requirement and secondly to treat patient as a part of a health care delivery system. In the training programme this is their 1st exposure to practical life being responsible for patient care. Some how there were no or few documents available in Health Institutions of Pakistan to provide guidelines and SOP's for practice in this vital group of Health Care Professionals. Considering these deficiencies, this manual is improved version of previously written guidelines for House Officers. As guidelines and science continue to change, this document will also be a live dynamic one which are hope to improve with time. It will provide general guidance to young House Officers regarding.

- 1) House job selection rules
- 2) Introduction of Hospital Working
- 3) Introducing House Officers to different departments of hospital
- 4) Administrative issues related to House Officers
- 5) Rules for obtaining accommodation and leave
- 6) Issuance of an Experience Certificate
- 7) Rights and Privileges of a house officer

There may be many deficiencies in this document but I believe that, this document will serve as a basis for reference for newly inducted House Officers.

Finally it remains my pleasant duty to thank Medical Superintendent Holy Family Hospital Rawalpindi, Dr. Syed Abid Hussain Shah, Dr. Tariq Niazi, Dr. Shazia Zeb, Dr. Shahzad Ahmad for their cooperation. I also extend my gratitude to Principal Rawalpindi Medical College Prof. Muhammad Mussadiq Khan for his encouragement and support in the completion of this manual.

Tremendous contribution was made by Prof. Hamama-tul-Bushra Khaar, Professor of Medicine, Dr. Muhammad Khurram, Dr. Masood Ahmad, Dr. Saima Ambreen,

Many thanks to Dr. Amjid Mehmood Raja, for having written this document for the first time during his service at Holy Family Hospital, Rawalpindi as Additional Medical Superintendent. Today it has become the road map for the revised edition of guideline.

Lastly I admit honestly that this document is not prepared by myself solely but by Dr. Shazia Zeb DMS Trainees and she is the real author. I took the credit as being Medical Director of Holy Family Hospital, Rawalpindi.

Prof. Dr. Muhammad Umar

HOLY FAMILY HOSPITAL - *History*

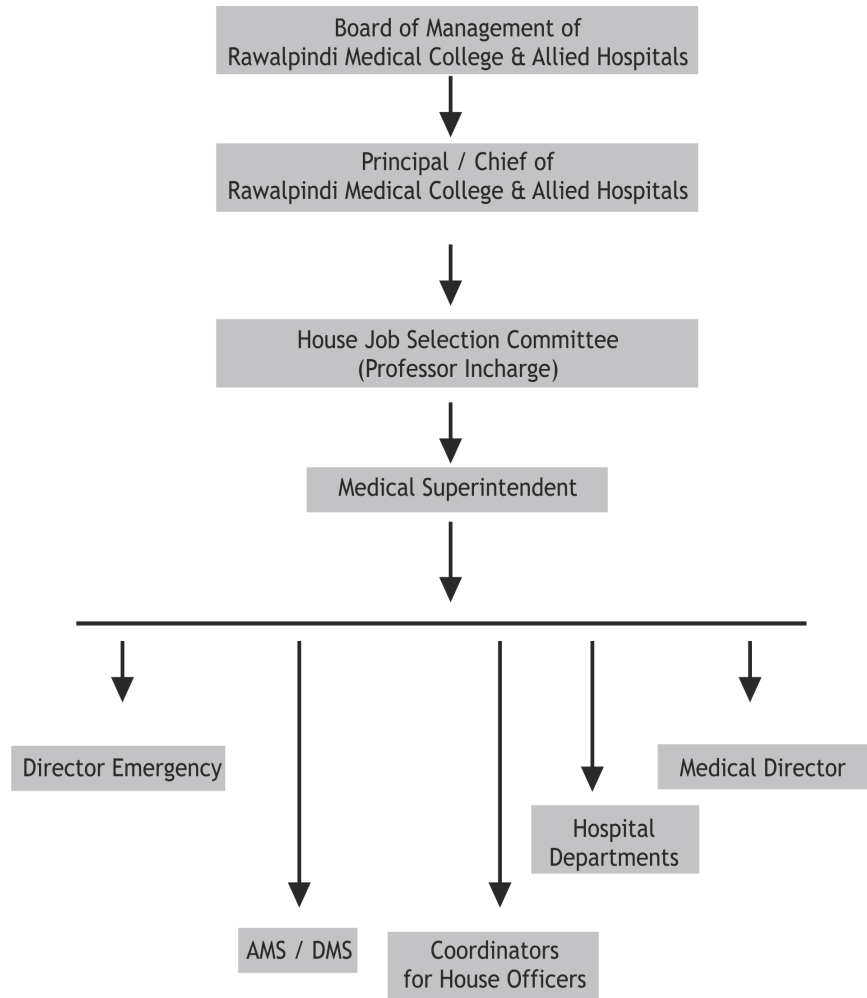
Holy Family Hospital was established in 1927 by the Christian Mission of Philadelphia at Murree Road, Rawalpindi. An Italian architect prisoner of World War-II designed the existing building originally meant for 200 beds.

After completion of the building the hospital shifted from Murree Road to this building in 1946.

On 1st Nov, 1977 the hospital was donated to Punjab Government. After nationalization hospital was affiliated with Rawalpindi Medical College, Rawalpindi as a Teaching Hospital. After necessary modification in building structure, proper departments like Medicine, Surgery, ENT, Eye, Pediatrics, Obs/Gynae, Pathology, Radiology, Anesthesia and OPD of each department were established in the existing building and bed strength was raised to 450 beds.

In 1998 new complex of the Hospital was completed with addition of 414 beds Later on Clinical Teaching Block of Rawalpindi Medical College was also constructed for undergraduate students. Latest medical facilities like M.R.I Endoscopy, Dialysis Unit, ICU and CCU were established in 2004. All the units except Obs/Gynae and Pediatric are in New Wing. With this addition bed strength had increased to 815 beds.

Administrative Organogram Rawalpindi Medical College & Allied Hospitals



HOLY FAMILY HOSPITAL - Administration Team

1. Principal
Prof Muhammad Mussadiq Khan
2. Medical Superintendent
Dr. Syed Abid Hussain Shah
3. Addl: Medical Superintendent (Trainee)
Dr. Shazia Zeb
4. Addl: Medical Superintendent (F/P)
5. Addl: Medical Superintendent (Admn)
6. Addl: Medical Superintendent (L.R.O.T)
7. Addl: Medical Superintendent (CCU, ICU)
8. Deputy Medical Superintendent (Emergency/Litigation)
9. Deputy Medical Superintendent (OPD)
10. Deputy Medical Superintendent Store
11. Deputy Medical Superintendent (Evening)
12. Deputy Medical Superintendent (Night)

DRESS CODE

While the house officers are in the ward, casualty, OPD etc they are required to wear.

- a. White coat (overall)
- b. Identity Cards to be displayed on the overall, which will provided by the hospital.
- c. In case an ID Card is lost, a duplicate can be obtained from the Admin Office on payment of Rs.50/-
- d. OT dress with cap and mask mandatory in OTs

WORKING IN THE WARDS

- a. Each unit is headed by “Professor of concerned specialty” and assisted by following staff.
- b. Associate Professor
- c. Assistant Professor
- d. Sr. Registrar
- e. Registrar/PGT’s
- f. House Officers
- g. Nursing staff i.e. Head Nurse, Charge Nurse and Nursing Student.
- h. Ancillary imperative staff.

Procurement of Medicines/General Store/Linen/Fixtures etc.

- The charge nurse in the indent book indents the required items.
- Requisition is signed by the charge nurse and C.S by the RMO.
- Items not available in the store are either locally purchased or a separate demand is written to the M.S forwarded by the head of the department/Senior Registrar.
- All the demands/indents are routed through (AMS Purchase) to the Medical Superintendent (if required).
- The request/demands for maintenance and repair of building and equipment is routed through AMS (M&R) store keepers, general store/sub engineer.

- Duties are performed according to the duty roster of the unit as outlined by the head of the department.

Investigations

1. Investigations required are advised on printed forms available in the wards. Routine investigation should be initiated by house officer and countersigned by PGTs
2. Special investigations are countersigned by Senior Registrar.
3. All investigations are free in hospital for admitted patients as per Govt. rules.
4. No investigation available in hospital will be sent to any other laboratory not part of Holy Family Hospital.
5. List of investigations being done as obtained from pathology department is displayed in every ward.

Pathology

- Routine pathology investigations required should reach the pathology department till 12PM (by the ward boy of the unit. The results will be delivered to the ward by the pathology department till 4.00 – 5.00 PM on same day.
- Exceptions to the above are there in the case of any emergency.

Radiological Investigations

- Appointment for Ultrasonography Echo and MRI
- Special investigations counter signed at least by an SR.
- Inter departmental investigations like Endoscopy, Colonoscopy, Echo Cardiography, Audiometry, Bronchoscopy, Urodynamic estimations, ETT, ECG) are to be managed likewise.

In Case of Death

- The patient's attendants/relatives may react in different ways by exhibiting agitation, aggression or ferocity.

- Patience must be exercised in case of any deviant behavior by the patient's relatives.
- AMS/DMS on duty should be informed if required for support and advice.
- Any unwanted incidence, quarrel, theft, accident, loss etc should be brought into the notice of the administration for immediate and appropriate measures.

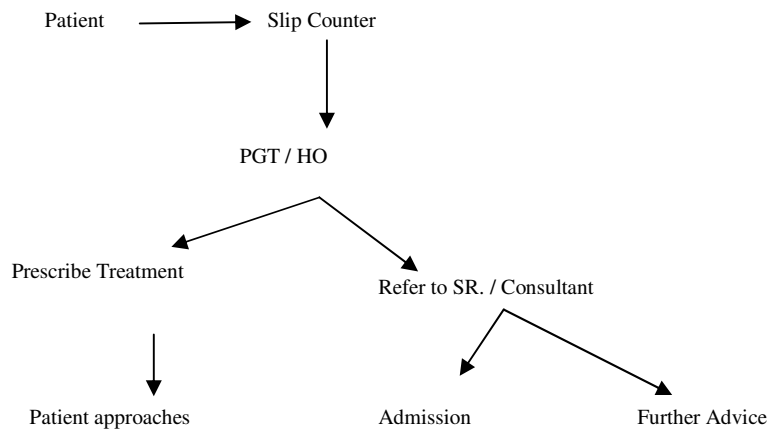
Transport

- For transport of the patients from wards and casualty to another government institution for medical procedures, shifting within the city is permissible.
- Before shifting patient the concerned receiving department must be adequately coordinated with.
- An application addressed to Medical Superintendent for request of shifting or transporting the patients is made with following patient information.
 - Name with father's name/husband's name, Bed #, Ward #, Unit.
 - Signed by the Sr. Registrar/Consultant.
 - During evening and night hours. DMS on duty will make the arrangements.
 - Request for elective shifting of patient will reach must the AMS (Admin) one day earlier for making the necessary arrangements.

WORKING IN OUT PATIENT DEPARTMENT

In case of any emergency/queries the AMS/DMS OPD should be informed/consulted.

- Patient obtains an out door ticket worth (Rs.10) from the outpatient counter for the concerned specialty.
- Patients visit the MO for advice/treatment. If needed the MO (OPD) refers the patients for expert opinion/admission to Sr. Registrar/Consultant of concerned specialty.
- The patient consults the hospital dispensary for obtaining medicine prescribed or a concerned department according to the type of investigation advised in OPD.



1. Dispensary for Medicines
2. Pathology Department
3. Radiology Department

- Medicines are given free of cost. However the patient has to pay for investigations/procedures, except, when a patient is:
 - Poor / Destitute
 - A Zakat deserving patient (having Istehqaq Form)
 - Entitled patient (Govt. employees and their family)

- AMS/DMS OPD is authorized by the competent authority to order for free investigations and in case of the above mentioned category of patients.
- The House Officer may recommend for free investigation/procedures to DMS/AMS.

- Specialized investigation e.g. Endoscopy, Colonoscopy, Proctoscopy, Lithotripsy MRI can not be performed free of cost.
- Investigations are advised on investigation slip available in OPD. All the information printed on the slip is to be filled accurately with name and signatures.
- The medicines are prescribed on a slip which should have following information written very clearly.
 - OPD Number
 - Name of the Medicine.
 - Quantity of the Medicine
 - Name and Signature of the doctor *with* date.
 - Drugs written in Capital Case Letters
 - Dosage of Medicine
 - Instructions for the patient must be written in Urdu.

WORKING IN EMERGENCY DEPARTMENT

Director ER—AMS/DMS are the administrative In-charge of the Casualty.

1. Casualty Medical Officer (CMO) examines and advises the patient and refer to different specialties.
2. ER is the most critical area of the hospital working in the ER can sometimes prove to be a true test of tolerance. The apprehend seen of patients and their relatives render them vulnerable to instantaneous unwonted aggression.
3. Medicines to be prescribed from the drug formulary of casualty department.
4. An intravenous catheterization is to be used for those patients only whose I/V line is to be maintained for more than 24 hours.
5. The comprehensive history examination and treatment must be documented on the ER admission slip on a neat chronological fashion and must be dually signed by the concerned doctors with a appropriate mention of the doctors designation underneath e.g. HO, MU-II, or PGT, MU-II.
6. For the availability of Medicines the House Officer, CMO, and MO of respective department and DMS should coordinate on a regular basis.
7. Action based lab investigations should be ordered by the PGT of concerned unit.
8. Ultrasonography and ECG are available in the ER around the clock.
9. All the patient will be discharged at least by a Senior PGT (Define a Senior PGT).

Medical Store

- How to indent Medicine/Disposable paraphernalia for wards?
- Medicines and the quantity required is written on the indent book
- The indent slip is signed by Charge Nurse and the Medical Officer of the unit
- Indent book is submitted to AMS/DMS (Store) office for final recommendation or approval and issuance of medicines.

- Director ER/AMS/DMS are the administrative incharge of the casualty department.
- Casualty Medical Officer (CMO) examines / advices or refer the patient to different specialties.
- The most critical area where careful and sympathetic attitude is required.
- The patient is not to be advised to purchase medicine to be used in ER from outside.
- The basic investigations entertained by the ER lab are not to be sent to private labs.
- Special permission of Additional Medical Superintendent (ER) must be obtained to purchase medicine from outside the hospital formulary for Emergency Department

SOP's FOR HOUSE JOB CERTIFICATE

- The doctor is required to submit an application addressed to Medical Superintendent for experience certificate duly recommended and forwarded by HOD.
- Prescribed form of NOC duly completed should be submitted along with applications.
- A Testimonial from HOD must be attached with the application
- Application is deposited in the admin office along with a reference number.
- Certificate will be issued within 10 days of the receipt of application. the applicant shall approach the AMS (ADMIN) for redress.

SOP's FOR COLLECTION OF PAY

The HOD regularly forwards a written verification of the attendance of house officers at the expiry of every month. The verification is sent to the medical superintendent and finally to the cashier concerned.

SOP's FOR APPLYING FOR HOUSE JOB (PAID/HONORARY/PG TRAINEES)

1. An application on a prescribed proforma is to be addressed to the Medical Superintendent and duly recommended by the head of the concerned unit.
2. Following are the requirements before the application is submitted to the Medical Superintendent.
 - a. Application form filled completely and signed.
 - b. Provisional Certificate of graduation from Principal RMC /Degree of M.B.B.S (attested photocopy).
 - c. Attested photocopies of Matric, FSc certificate along with detailed marks sheet of all professionals' examination.
 - d. Attested photocopy of the domicile.
 - e. Attested photocopy of National Identity Card.
 - f. Two passport size photographs.
 - g. PMDC registration certificate attested photocopy.

3. The Graduate of RMC will be preferred for both paid and honorary house jobs.
4. The date on which the application is submitted will be considered as the day of commencement of house job if joining profoma is attached.
5. The applicant will submit his/her application directly to admin office after approval from AMS / Admin.
6. The case will be decided within 7 days of receipt of application. In case of approval the commencement of house job will be considered from the date of application (in case doctor starts working in the ward). In case of rejection of house job, the applicant will be informed within 7 days.
7. House officers are not authorized to issue a medical certificate to any patients whether indoor or outdoor.
8. A candidate from private medical college can not apply for paid house job as per Govt. rules. His / Her application will be considered as an individual case through Head of Department of relevant department.

SOP's FOR LEAVE

- As such no leaves are allowed during House Job.
- The leave of any kind CL, SL, LL shall be intimated to the Medical Superintendent.
- The HOD shall recommend the leave under intimation to Medical Superintendent for record, if leave period is more than six days, then the House Officer is required to do extra job for that period on expiry of the term of appointment.

HOUSE OFFICER AFFAIRS

1. Accommodation.
2. Medical & Diagnostic Services for House Officers.
3. House Officer Interaction.

Accommodation:

An Application is to be addressed to the Medical Superintendent (recommended and forwarded by HOD) and submitted to the AMS (outpatient) office.

Rules and Regulations:

- Room allotment will be on merit from available vacant room/seats.
- Outsider/Friends/Relatives shall not be allowed to stay in boys/girls hostel. Any individual or collective demands are to be directed through Mess Secretary.
- Mess Secretary (elected by the hostel residents) will be responsible for the arrangements of meals and its timing.
- Matters related to Doctor's accommodation male and female must be routed through AMS (Trainee).
- In case of breakage/damage the person involved shall be responsible.
- All the occupants of hostel will have to obtain NOC from AMS Trainee in charge on completion of job or discontinuation of house job.

Nursing Staff

- Each ward / unit has a Head Nurse and a Charge Nurse and ancillary staff like nursing students, ward boys or ward maids.
- The Head Nurse and Charge Nurse have sufficient experience of delivering Medical Services over the years.
- Like doctors they are integral part of Medical Services.
- Act as a link between the patients and clinicians / public health physicians.
- In fact one can learn a lot and can benefit from their experience regarding Medical Services.
- A friendly polite and respectful working relationship must be established with paramedical staff for the good of patients.
- A mutual respect will help avoid any possible conflicts.
- If a conflict does arise it is to be resolved with constructive dialogue.

- Any complaint arising during work should be brought to the knowledge of seniors, i.e. "MO/Sr. Registrar/ Head Nurse "No **Suomoto action is permissible.**
- Avoid eruptive violent and impulsive reactions.

Doctor Patient Relationship

- Observe the Medical Ethics
- Confidentiality of patient's disclosures & disease when required.
- A patient is not only physically affected by his/her ailment by also psychologically and socially.
- A house officer is the best person to bridge any possible communication gap and counsel and console the patient and his or her family.
- The Close kin/relative are always worried about the illness of their patients and the outcome of illness.
 - They may express their worries in different ways.
 - They may approach you in the corridor, wards and theatre, mess. OPD etc.
 - Better to explain the close relative like father, mother, and brother, sister, husband, wife, on admission from time to time.
 - Patient may be dissatisfied with his or her improvement or may have certain reservations; one should give thin ear to it
 - Whatever is being done for the patient should be communicated to the patient.
 - Financial Implication, social implication bereavement etc, may reflect in different ways in different patients.
 - Recognize when decision must be made and facilitate by making them.
 - Clarify your mind what you feel would be appropriate / inappropriate for the patient.
 - Communicate your understanding of the situation clearly and directly to the right people.
 - Achieve agreement on any plan of action or inaction (right person with whom to discuss DNR issues if feasible)
 - Document any discussion or conclusion.

Medical & Diagnostic Services

All the house officers (Paid /Honorary) shall be treated free of cost in offices ward/Room and Diagnostics services available in hospital shall be free.

PROCUREMENT OF MEDICINES FOR POOR PATIENTS FROM ZAKAT FUND.

- Hospital receives annual grant from Zakat department to be utilized for “Deserving Patients”
- Deserving persons are those who:
 - POSSESS Istehqaq form duly signed by the member / Chairman zakat committee of the area to which the Mustehiq belongs.

Procedure:

Indoor - Medicines are procured for the Mustehiq persons admitted to the ward on indoor registration as follow.

- Every Mustehiq is issued a card
- Medicines are written on prescribed form. All the columns should be filled clearly to avoid delays.
- The form is signed by the Registrar/Sr. Registrar/AP of the concerned unit, and submitted to the office by Medical Social Welfare Officer.
- Medicines/disposable, staff are provided to indoor patients next day.

Outdoor: Procedure for the patients attending outdoor is same.

- The outdoor Medicines in requisition form is filled by the MO/Registrar examining the patients in the outpatient department.
- Medicines are provided for 7 days to the patients
- Psychiatric patients or chronic disease i.e. IHD, Hypertension, Diabetic, Epilepsy. (15 days Medicines arc issued)

HOUSE JOB RULES

Allied Hospitals of Rawalpindi Medical College, Rawalpindi

GENERAL

- A. Paid house officers will be selected for a six month duration by mean of an interview by a selection board comprising of:
- a. Principal / Dr. Dean, RMC
Chairman
 - b. Professors / Consultants. In charge of various units.
Members
 - c. All the Medical Superintendent of the Allied Hospital
Members

Secretary of the Selection Board to be nominated by the Principal amongst the teaching staff.

- B. There is no requirement of a minimum number of board's members to be present *for a* selection interview.
- C. Decision of the selection board will be final and binding.
- D. The selection board may reject any candidate on the basis of behavior at deficits becoming doctor.
- E. Those doctors who as medical students, were penalized and debarred from house job shall not be eligible to get a house job (paid or honorary) in a hospital allied to Rawalpindi Medical College.
- F. Only fresh graduates of RMC are eligible to apply for and appear in the selection interview.
- G. Allocation of house job posts for each unit and distribution of seats between annual and supplementary graduates is given in annexure "A", "B," and "C".
- H. Straight six months paid house jobs will mainly be effected in Surgery, Medicine, Gynae & OBs and Pediatrics. In all other specialties house jobs will be rotational. Each rotation will be of three months duration. Details of individual rotations are given in annexure "D".

- I. A candidate who wishes to do six-month paid house job in a specialty having rotational house jobs only shall be given preference. The candidate, before the selection interview -will have to submit a written intention to the Secretary, House Officer Selection Committee. He/She still will have to appear for the interview. Candidate at the time of interview can also opt for a six month straight paid job in a rotational specialty provided a vacant job is available.

SELECTION

- A. Selection of house officers for a specific session will be carried out twice a year after declaration of the annual and supplementary results by the University. The selection board besides these specified selections will make no selection.
- B. After the declaration of the final professional MEBS result and with the approval of the Chairman, the Secretary Selection Board, will notify, on the college notice boards the schedule for house jobs selection (specimen attached as annexure "E").
- C. Selection will be carried out strictly on merit.
- D. Merit for the selection shall be determined on the basis of aggregate of marks obtained in all the Professional & MBBS Examination by the candidates. For working out merit position of a candidate fifty (50) marks will be deducted for each second and subsequent attempt. Similar deduction will be made in case of candidate who, for what-so-ever reason, failed to appear in a professional examination.
- E. Merit List
 - a. Provisional merit list (with details of marks obtained in all the professional examinations and number of attempts) will be displayed on the college notice board within two weeks of the declaration of the final professional MBBS (Annual/Supplementary) results.
 - b. Any objection to the merit list are to be given in writing to the Secretary Selection Board within the last date of submission of objections.
 - c. Final Merit list will be displayed on the college notice boards within one week after the last date for submission of objections.
- F. Final merit list will be used for the purpose of selection interview. Medical graduate who have their names present in the merit list are not required to submit an application for house job posts (except for those who wish to

- do six months straight house job in a specialty that has rotational house jobs only)
- G. For selection interview the candidate at the date and time specified will have to appear in person.
 - H. A candidate who *for* whatever reason can not appear for the selection interview must authorize in writing (specimen attached as annexure “F”) some one else to appear on his/her behalf. A copy of the national identity card of the candidate and the person authorized must be attached with the application. The person authorized shall appear before the selection board and on behalf of the candidate will exercise the option for house job selection.
 - I. Option for a specific house job once exercised shall be final.
 - J. Mutual exchange of the jobs by the selected candidates is not permissible.
 - K. Medical graduates having qualification equivalent to MBBS and who are registered with Pakistan Medical and dental Council are eligible to be appointed as regular paid or honorary house officers in the hospitals allied to RMC.
 - L. House job posts that remain vacant in the selection interview or become vacant due to non-joining by a selected candidate or due to any other reason may be filled by the Medical Superintendent of the respective hospital on the recommendation of the unit in charge. For appointment against these posts, graduates of Rawalpindi Medical College will be given preference. Similarly graduates with Punjab domicile will be given preference over graduates from other provinces and Azad Kashmir who will be given preference over foreign graduates. Appointment orders shall be issued with effect from the date of submission of application, duly recommended by the unit in charge, to the office of the administration.

JOINING

- A. Date of joining for the house job for all the units of the allied hospitals shall be the same.
- B. Ordinarily no joining time shall be allowed and seats of the candidates selected that fail to join on the specified date shall be declared vacant.
- C. At the time of joining the selected candidates will have to present a proof of their identity having their picture e.g. college identity card, national identity card, passport) before the officer designated by the medical superintendent for this purpose. No other documents need to be

submitted in the hospital office, a copy of their registration with the Pakistan Medical and Dental Council. Their stipend shall not be released unless they deposit a copy of registration certificate in the hospital office.

- D. On the day of induction administration of each hospital shall arrange for preparation of photo identity badges of the house officers. Cost of these II) badges will be deducted from the first stipend of each house officer. While on duty house officers are expected to wear white coats and display ID badges.

HONORARY HOUSE JOB

- A. Maximum number of honorary house officers allowed in a particular unit at any given time shall not be more than the number of sanctioned paid house job posts in the said unit.
- B. A candidate who has exercised his/her option at the selection interview and has been selected (and may or may not have joined) shall not be allowed to work for the remaining period of his/her selection in any other unit/department or RMC allied hospitals even on an honorary basis.
- C. List of candidates for house jobs whose names were included in the final merit list, but they did not appear in the selection interview or exercised "No option" in the interview will be circulated to the Medical Superintendent of all the three hospitals by the secretary selection board soon after the interview.
- D. Medical Superintendent, on the recommendation of the unit in charge, will issue appointment orders for honorary house jobs. Appointment orders will be issued with effect from the date of submission of the application, duly recommended by the unit in charge, to the office of the administration.
- E. Honorary house officers shall be governed by the same rules as paid house officers except that they shall not receive any emoluments and shall not be entitled for residential accommodation in the hospitals.

SECOND SELECTION INTERVIEW

- A. Second selection interviews for change of units shall be held prior to the completion of first six months of house job.

- B. Candidates whose names were present in the original merit list shall be eligible to appear for the change of unit interview.
- C. A house officer whose conduct was not satisfactory during the first six months of the house job and whose services were terminated shall not be eligible to appear in the change of unit selection interview.
- D. Secretary Selection Board, two weeks prior to the start of the second six months slot of house job, shall inform all concerned (specimen attached as annexure "H")
- E. Although initially house jobs shall be offered for a six month period but on the recommendation of the unit this can be extendable to one year.
- F. House officers desirous of continuing their house job for the next six months in the unit which they are already working will have to submit this in writing, duly recommended by the unit in charge, with the college clerk before the specified date.
- G. If an application for continuation of house job in the same unit is not received by the specified date then it shall be presumed that the house officer wants to change his/her unit for the next six months and therefore this post shall be declared vacant and available for open selection.
- H. No application is to be submitted by the house officers who want to change the units for the next six months of their house job.
- I. Those Medical Graduates whose names were present in the original merit list but they did not appear for the first selection interview / did not opt in the first selection interview/did not join/ left the job prematurely are eligible to appear in the interviews for house officers selection for the second six months.

DURATION

- A. Maximum total duration for which a doctor may work as a paid house officer the hospital allied to RMC is one year. In case a job remains constantly vacant in a particular unit then, on the recommendation of the unit in charge, the Medical Superintendent of the respective hospital can offer it for a six months period, to a doctor who has already completed one year house job.

LEAVE

- A.** During six-month house job the house officer shall be entitled to six days casual leave on full pay (for rotational job it will be three days in each unit)
- B.** Under exceptional circumstances (Bereavement / pregnancy, etc. with the consent and approval of the unit in charge, house officer may apply for extended leave. They will have to then work for an extra period (equal to the duration of leave taken) after the completion of their house job. No extra pay shall be paid for any such leave. The experience certificate issued shall ignore any such leave taken provided the total tenure of house job has been completed.

EXPERIENCE CERTIFICATE

- A.** After successful completion of house job the Medical Superintendent of the respective hospital, on the recommendation of the unit in charge, will issue a house job experience certificate.
- B.** Rotational house officers shall be issued experience certificate for the unit/specialties in which they have actually worked.
- C.** Leaving of house jobs before the completion of the contract period (six months) shall be discouraged. However if the unit in charge is convinced the Genuineness of the request then, on his recommendations, a house officer may tender his/her resignation with the Medical Superintendent who shall then issue an experience certificate for the duration for which the house officer has actually worked.
- D.** A rotational house officer who leaves his job prematurely shall receive an experience certificate only if the consultant in charge of his original (rotational) specialty had no objection to this.

SOP'S FOR HOUSE OFFICERS

1. Duty timing are to strictly followed.
2. House officers will take the history of the patient and write the summary in an SOAP format.
3. During OPD duty, no House officer is allowed to send any patient without consulting the registrar.
4. House officer may also consult the consultant whenever required.
5. House officer must write everything clearly, medicines in capital letters in the prescription and must sign it with his/her name clearly.
6. Duty house officers must stay in ward with their patients, all the time and must not leave their post in any case.
7. No relief / replacement without prior permission from the concerned registrars and this permission will be submitted to ward in-charge.
8. All house officers must follow strict aseptic techniques and clothing in ITC.
9. All house officers on call must keep check on the working of paramedical staff and report any irregularity to in-charge concerned.
10. All house officers should check patient's management, feeding, bed care, mouth care, and availability of medicines, intake / output charts, and other progress charts.
11. Patient's documents should be efficiently maintained in an orderly fashion.
12. House officers are responsible for proper dispatch of investigations and their collection subsequently.
13. House officers are responsible for proper shifting and discharge of patients.
14. A report register will be maintained in which all concerned House Officers will write any irregularity / mismanagement / problems at the end of their duties and get it duly signed by the ward in-charge and any representative of administration.
15. House officers are responsible for maintenance of admission / discharge / ventilator support register.
16. All House officers should clearly write their advice / plan on progress sheets, including doses, route of administration of different drugs.
17. No false entries on patient file are allowed.
18. No House officer is allowed to discharge/shift patients in and out of department without prior permission of concerned Registrar.

19. All House officers are directed to write progress notes on patient files 4 hourly during their duty hourly i.e. 0800, 1200, 1600, 2000, 0000 and 0400 hours.

OCCUPATIONAL HEALTH RISK

General Measures

- Initial and regular health screening and record of immunity.
- Incidence like needle sticks or cuts should be reported to supervisor.
- All skin lesions on hands should be covered with water proof dressing.

Minimal Requirement for Personal Protection

- For feco-oral route: decontamination of hands.
- For air borne route: if possible restrict non-immune staff from patient care, common surgical mask don't provide adequate protection.
- For blood borne infections: care to avoid needle stick and sharp injury, avoid recapping of needles and after use, transfer to a puncture proof container.
- To handle blood contamination material, use no touch techniques and gloves.
- Wash hands after blood contact even if gloves are worn.
- Wash hands promptly after touching infective material (blood, body fluids, excretions, secretions, infected patients or their immediate environment and articles)
- Wear gloves when in contact with blood, body fluids, excretions, secretions, and contaminated items.
- Clean up spills of infected material promptly.
- Between each patient use, disinfect or sterilize patient care equipment, supplies and linen contaminated with infective material.

BARRIER PRECAUTIONS FOR HEALTH PROFESSIONALS

Decontamination of Hands

- Hand washing is the most effective way of preventing the transfer of bacteria between hospital personnel and patient within hospital.
- Gloves are **NOT** a substitute for hand washing. Hands should always be washed after removing gloves and also before wearing gloves.
- Social hand washing: with plain soap and water.
- Hygienic hand washing: with antiseptic detergent / Povidine iodine detergent preparation or with alcohol. 0.5 % chlorhexadine.

Exposure to Hepatitis via Needle Stick or Splash

Needles must not be recapped. If absolutely necessary, one hand technique should be used. Gloves should be used for all invasive procedures. Open wound must be covered with waterproof dressing. Protective eyewear must be worn if spray or splash is expected. If an exposure occurs the following procedure must be adopted:

1. Express any blood out of the punctured area.
2. The punctured site should be thoroughly cleaned with liberal amounts of alcohol.
3. Report the incident officially and report to your supervisor.
4. Obtain full information about the patient on whom the needle was used, especially in regard to hepatitis B, C and HIV.
5. Report to the registrar ward (working hours) or the resident on call (after hours).
6. The registrar or the on call resident will:
 - a. **Categorize the exposure**
HIGH RISK
 - Visibly bloody needle.
 - Penetration 3mm or more into the skin of the employee.
 - Mucous membrane or open wound splashed with blood or bloody fluid

LOW RISK

- No penetration by the needle, just a graze.
- No visible blood on the needle.

b. Categorize the patient

HIGH RISK

- Known positive HIV or Hepatitis B or C
- Risk factors HIV or Hepatitis B or C

LOW RISK

- No risk factors HIV or hepatitis B or C

- c. Determine vaccination status of the employee against hepatitis B
- d. Order Hepatitis B / C and HIV serologies on the employee.
- e. Determine or order hepatitis B /C and HIV serologies on the patient
- f. Order appropriate action (in consultation with registrar or on call consultant if necessary)
- g. If the patient is HBsAg positive or is high risk for hepatitis B and the employee is anti-HBS negative:
 - Hepatitis B immune globulin (HBIG) (within 24 hrs) plus a single booster of hepatitis B vaccine if the employee was vaccinated already with 3 doses of the vaccine
 - Hepatitis B immune globulin (HBIG) (within 24 hrs) plus offer full 3 doses series of Hepatitis B vaccine if the employee was unvaccinated
- h. If the patient is HBsAg positive or is a high risk patient for Hepatitis B and the employee is Anti-HBS positive:
 - No vaccination or HBIG
- i. If the patient is HBsAg negative or a low risk patient
 - No vaccination or HBIG.

CDC Injection Safety Recommendations

- NEVER administer medications from the same syringe to more than one patient, even if the needle is changed.
- CONSIDER a syringe or needle contaminated after it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- DO NOT enter a vial with a used syringe or needle.
- NEVER use medications packaged as single-use vials for more than one patient.
- ASSIGN medications packaged as multi-use vials to a single patient whenever possible.
- DO NOT use bags or bottles of intravenous solution as a common source of supply for more than one patient.
- FOLLOW proper infection control practices during the preparation and administration of injected medications.

