

the Medical Superintendent informed/take his approval in important matters in this regard.

3. They will be responsible for maintaining the functional status of all equipments under their department and will promptly ensure that these equipments function smoothly/repared, and without lengthy downtime. They will keep liaison with the company maintaining the machine, officer incharge of M & R, officer incharge of purchase in this regard.

4. They will be responsible for the proper segregation and collection of hospital waste in their respective departments as per the guidelines issued by CPCB and other authorities from time to time. A proper record is to be kept by them in this regard.

5. They will be responsible for sanction of casual leave of staff working under them and will a keep a record of leave. They will make alternative arrangement in case an official proceeds on leave or their application is forwarded by them.

6. They will assign duties to the various Heads of Units working under them from time to time.

7. They will ensure that all serious patients/M.P.s/VIP admitted in their department are well attended and will keep Medical Superintendent informed about any event which may affect the attention of press, higher administration authorities or Parliament.

8. They will ensure that all records relating to patients especially the MLC cases are in order, complete and is kept in safe custody.

9. They will be responsible for the general upkeep, sanitation, cleanliness and availability of essential supplies in their respective departments.

10. They will be the designated authority on behalf of M.S. for issuing condemnation certificate to declare unserviceable, old & non functionary equipment/furniture etc., where all other sources of condemnation certification is not possible or available.

11. Organizing teaching/training of P.G. Students/other staff, of the department.

12. Any other duty assigned by M.S.

MEDICAL STAFF

HEADS OF CLINICAL DEPARTMENT

1. They will be responsible for the smooth and efficient functioning of their respective departments. They will be responsible for all the medical staff working in their respective departments.

2. They will be responsible for the deployment and utilization of services of medical and clerical staff working under them. They will keep

HEADS OF CLINICAL UNITS/OTHER SPECIALIST GRADE OFFICERS

1. They will be responsible for the proper medical care and due attention to all patients admitted in their units (Indoor, Emergency Wards and ICU).
2. They will be responsible for the smooth and efficient working in their units.
3. They will be responsible for the deployment and utilization of services of medical & clerical staff working under them. They will keep their Head of Department informed about important issues.
4. The Head of Units must see all patients as soon as possible after admission. Due attention should be given to all serious patients admitted under them. They will ensure that all serious patients/MPs/VIPs are well attended and keep their superiors informed about them.
5. Heads of Units should be easily available for consultation in case of need of patients in their units. No patient should ordinarily be discharged from the hospital except a clear cut instruction from the Head of the Unit.
6. They will ensure that patients records especially of the MLC cases are uptodate, complete and kept in safe custody. It should be true and faithfully record various events in connection with treatment, referrals and progress of patients in the hospital.
7. They will be responsible for the general upkeep of their wards/unit, sanitation, maintenance & functioning of equipments under their charge, adequate availability of essential supplies in their respective wards. They will keep regular liaison with the officer incharge of maintenance & repair, sanitation, purchase, stores in this regard.
8. They will be responsible for the proper segregation and collection of hospital waste in their respective wards as per guidelines issued by CPCB and other authorities issued from time to time. They will also keep the necessary records.
9. Any other duty assigned by the Head of Department/Medical Superintendent.

GENERAL DUTIES CADRE MEDICAL OFFICERS

1. The GDMO Cadre Medical Officer of the unit will work in collaboration with the Registrar/Senior Resident of the unit and supervise the day-to-day work of Jr. Resident/ House surgeon and interns.
2. He will accompany the physician/surgeon incharge for ward rounds.
3. On the day the physician/surgeon incharge is not available for ward rounds, the Medical Officer will take rounds of his own ward. It would be his sole responsibility to contact the physician/surgeon and discuss about the serious cases in the ward and if necessary to show these cases to the physician/surgeon.
4. He will scrutinise the clinical documents completed by the house staff and make corrections where necessary.
5. The senior-most M.O. will allocate night duties by rotation to house staff in consultation with the respective registrars/Senior Resident of different units and will ensure that the respective staff is available for duty. The duty roster will be hung up in the duty rooms on the board indicating the name and unit. The next on duty will be shown in the same list. In case the duty officer is not available for urgent reasons, the next on duty will act for him.
6. On day of admission he will be available in the afternoon and evening till relieved by the Registrar/Senior Resident by 19.00 hours. He will ensure that all patients have received attention and necessary discharges from Accident and Emergency Department have been effected. He will report to the physician/surgeon incharge by phone wherever available.
7. He will also attend to referred cases till the evening. Thereafter Registrar/Senior Resident will take the responsibility of referred cases.
8. Any other duties assigned by the Competent Authority.

SENIOR RESIDENTS

1. The Senior Resident will be directly responsible for supervision of patient care in his unit with the assistance of Junior Residents, specially the emergency cases.

2. He will be contacted by the Junior Resident on duty in case of emergency. If he thinks necessary, he should consult the physician/surgeon incharge of the unit or specialist when available.

3. He will go through all the case notes written by Junior Resident and will make corrections where necessary.

4. Besides taking rounds in the wards during day time, he will daily take round late in the evening, with the Junior Resident on call.

5. On admission days, he will attend to cases referred for medical opinion from other wards. If necessary, he may contact the physician/surgeon incharge for necessary advice.

6. In case of death, it is his responsibility to scrutinize that case documentation is complete in every respect and will write a brief summary of the case, before it is sent to the Medical Records Section.

7. He will maintain a book to indicate the patients in his charge who would need attention after the night rounds and he will apprise the junior resident of such cases.

8. He will maintain a register to indicate that the relatives of seriously ill patients have been informed through the central registration office of the hospital. This is applicable in case of patients absconding from the ward and also in case of death.

9. He will oversee the general upkeep and sanitation of the wards earmarked to him with the help of nursing staff.

10. Sr. Residents will certify death.

11. They will conduct teaching session for undergraduate, post graduate and Junior Residents. He will assist the HOD/HOU in research work.

12. When Junior Residents are not available, he will carry all the duties of a Junior Resident.

13. Any other duty given by HOD.

JUNIOR RESIDENT (NON-PG)

1. He will take advice from Sr. Resident for guidance and efficient execution of professional care of his patients.

2. In OPD, Junior Resident will refer the case to the Senior Resident with a short history and physical findings of the case written on the OPD card, if required.

3. Junior Resident is primarily responsible for the case allotted to him. Besides, he would have a general idea of all the cases in the ward. As soon as a case is admitted, patient will be examined by the Junior Resident who will complete the case sheet in all details. He will then show the case to the Senior Resident. He will see that all necessary investigations are done in time, and entered in the case sheet.

4. In case of acutely ill patients, it is his responsibility to show the case immediately to the Senior Resident/GDMO or Specialist for advice.

5. He will enter the daily follow up of the case in case-sheet. In case of any seriously ill patients, the progress of the case will be recorded every time the patient is examined.

6. On admission days, Junior Residents will be physically present on duty in Emergency Department as per duty roster and will not leave the deptt. unless permitted by the Senior Resident/GDMO/Specialist on duty in the emergency deptt. and his/her substitute has arrived for attending to cases admitted there.

7. On other days the Junior Resident on duty should be present in the wards allotted to them.

8. On Sundays and gazetted holidays Junior Residents will perform the duty according to roster prepared by the Unit or sister unit.

9. Night Emergency duty in ward (From 21.00 to 9.00 next day) – Junior Resident from each unit/sub-unit will be on emergency duty in the night for the respective units in addition to one Junior Resident staying in Emergency department. The Junior Resident on night call will apprise himself by direct contact with the Senior Resident who need special attention.

10. Requisite forms for laboratory and X ray investigations should be filled in the previous evening with full clinical notes for routine cases. In emergency it should be done immediately. The reports of investigations should be collected in time to be useful.

11. To carry out any other duties as assigned by the Senior Resident/ Head of the Unit.

POST GRADUATE STUDENTS

1. They will attend the OPD on the scheduled OPD days of the unit to which they are attached.
2. They will go through and examine all the cases admitted in their respective units and attach a review of the case on a separate sheet of paper. They will go through the recent medical literature available on all aspects of the case and add it to the review of the case. During ward rounds they will discuss the case with the physician/surgeon.
3. They will attend the clinical meetings and present cases for the same.
4. For other purposes they will work in collaboration with the senior resident.
5. They will not certify 'death' and will not discharge a medico-legal case.
6. They will assist in arranging duties and carrying out duty with Jr. Resident/Sr. Resident.

INTERNS

1. They will work in collaboration with the house surgeon/Jr. Resident.
2. They will attend O.P.D. on the admission days of the units to which they are attached.
3. In the wards they will be allotted beds. They will examine the patients on the beds under them and complete their case sheets.
4. They will work in the clinical side-room and do routine blood, urine, stool and sputum examination of the cases under their care.
5. They will be on emergency duty in Accident and Emergency Department according to the duty roster prepared by the Department.
6. They will attend special clinics, run by their units on the respective days.

7. Interns will neither prescribe treatment nor certify deaths.

NURSING STAFF