

RUN DESCRIPTION



WHITE CROSS HEALTHCARE LTD

POSITION:	House Officer
DEPARTMENT:	Urgent Care
PLACE OF WORK:	White Cross Henderson
RESPONSIBLE TO:	Clinical Supervisor for day-to-day supervision
FUNCTIONAL RELATIONSHIPS:	Urgent care patients; urgent care clinic staff; visiting orthopaedic and plastic surgeons and other specialists, pharmacy, radiology and other on-site services
EMPLOYMENT RELATIONSHIPS:	Employed by WDHB and on secondment for the duration of the clinical attachment
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at White Cross Henderson in a learning environment
RUN RECOGNITION:	The clinical attachment offered by White Cross Henderson will provide the House Officer with experience in an Urgent Care setting. The run has been accredited by MCNZ as a community based attachment.
RUN PERIOD:	3 months

Background:

Urgent care is the management of patients with acute medical problems who present to a community urgent care facility. These facilities typically are open from 0800 to 2000h, have no booked appointments, and have x-ray facilities on site.

This clinical attachment in urgent care is designed to expose House Officers to acute community based healthcare in a fully supported and supervised setting.

The general objectives of this run include understanding the scope and limitations of care which can be provided in the community, as well as engendering a culture of teamwork, trust and respect between hospital and community doctors. The run will provide a chance for the House Officer to experience first hand a community specialty which may provide an insight to help decide on future career options.

The attachment will provide hands-on experience, oversight and teaching from an accredited supervisor which will equip them with practical urgent care skills and knowledge which will be helpful throughout their careers.

This experience will provide a good foundation in vocational training in urgent care if they choose to pursue this pathway.

The House Officer will function as a supernumerary doctor within the clinic. They will be exposed to the management of both basic and complex medical conditions in the clinic setting, thus gaining a

greater understanding of urgent care and available community resources. They will be encouraged to attend Orthopaedic and/or Plastic Surgical clinics held at the practice, and in particular to be present when their referrals to these specialities are seen.

The key concepts to integrated practice that will be applied during the training will include:

- Patient-centred care
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based medicine

Formal learning and completion of learning objectives documented on e-port.

Section 1: Clinical Attachment

Training will occur at White Cross Henderson, 131 Lincoln Road, Henderson, an urgent care clinic within the Waitemata DHB catchment area. The learning will take place in clinical and community settings within these services.

The general requirement for attachments is to ensure a range of relevant experience.

Supervision will ensure that House Officers' learning is objectives-based, targeted to the House Officers' learning needs, and that the principles of cultural appropriateness and patient centred care are practised.

The House Officer will be allocated time to review and become familiar with the practice's safety standards which will be covered during the orientation period at the beginning of the attachment. Workplace safety issues are the responsibility of the providers and House Officers will conform to the practice's safety standards.

Objectives of the training programme

Objective:	Achieved by:
To experience and participate in Urgent Care medicine.	Training objectives
To promote Urgent Care as a viable and rewarding career option	Quality of the experience. Mentoring and clinician feedback/discussion
To appreciate patient context through exposure to the Urgent Care setting	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise and to develop new clinical skills	Training objectives
To develop a sense of responsibility to patients, staff and community	Peer review
To develop appropriate interpersonal and communication skills	Customised input to meet specific need for individuals
To gain an understanding of relevant cultures including Maori, Pacific and Asian	CALD 1-Culture and Cultural Competency e-learning course
To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support. Peer review group

Learning Environment

Learning will be facilitated through the creation of a planned and managed learning environment achieved through interactions between the House Officer and patients, interactions with other health professionals in the local area, and includes support and guidance to ensure that learning occurs, and that a representative experience is obtained. The run will provide the opportunity for attachment to other community provided

services (allied health, district nursing etc) to give the House Officer a broad understanding of primary health care.

Training is on an apprenticeship basis, and much learning is by example. The example set by the physicians and other staff in the practice strongly influences the quality of the learning experience. This requires both good role modelling by the supervisors and active participation by the House Officer, with constructive feedback given to the House Officer. It is essentially a 'hands-on' placement where the House Officer will contribute to the work of the practice.

Training will be aided by the use of technology such as video conferencing to ensure that the House Officers can be included in otherwise difficult to access expertise.

Specific Training Requirements

During this attachment the following situations or cases will normally be expected to present in an Urgent Care practice. It is expected that the House Officer will experience at least 30% of these cases or situations during the course of the attachment

Head injury	Bleeding/pain in pregnancy
Acute abdominal pain	Acute headache
Chest pain/ACS/MI	Sudden visual loss
Acute vertigo	CVA/TIA
Addiction	Foreign bodies eg cornea
Pneumonia/LRTI	Ear infection-Otitis media and otitis externa
Congestive Cardiac Failure	Tonsillitis
Atrial fibrillation	Acute allergy/urticaria/anaphylaxis
Osteomyelitis	Cellulitis/ Impetigo
Asthma	Fractures-esp wrists, ankles, fingers
Epilepsy	Dislocations-esp shoulder, elbow, fingers, patella
Depression/Psychosis	Lacerations requiring glue/suturing
Deliberate self-harm/Overdose	Sprains
Diabetes	Febrile child
Dysmenorrhoea	Gastroenteritis
Syncope	Dental pain
Urinary tract infections	Rashes
Delirium	Gout
Epistaxis	Burns

Supervision and guidance will be provided for the following skills list:

- Application of Cervical Spine collar in trauma
- Local anaesthesia administration including simple regional blocks
- Simple joint aspiration
- Eye- Slit lamp use
 - Eyelid eversion
 - Eye irrigation
 - FB removal
 - Visual acuity assessment
- Nose
 - FB removal
 - Nasal packing insertion
- Ear
 - FB removal
- Pelvic examination including:
 - Speculum and vaginal/cervical swabbing
- Urethral swabbing
- Male IDC placement
- Peak flow assessment
- Inhaler, spacer and nebuliser use
- Venepuncture and iv canula insertion
- IV fluid attachment
- Casting – plaster of paris and fibreglass

- Ring cutter use
- Sling application
- Splinting – application of common splints
- Wound care including
 - Principles of wound healing
 - Debridement techniques
 - Jet irrigation
 - Suturing – how, when, and when not to suture
 - Alternative wound closure, including glue
 - Trephination of subungual haematomas
 - Common dressings – principles and technique
- Burns management
- Closed reduction of simple fractures and dislocations
- Blood glucose testing
- Joint aspiration
- Point of care urinalysis
- Communication skills, including CBT and motivational interviewing for brief opportunistic interventions

Environment

- Triage and coordinating urgent transfer
- Personal management skills
- Impacts of legislation
- Skills in the use of technology – plain xray, ECGs, slit lamp use
- Aspects of working in a multi-cultural community

Supervision

An experienced Fellow of the Royal NZ College of Urgent Care (FRNZCUC) will be allocated to each House Officer as their primary supervisor and will provide close clinical supervision, support and mentoring. This primary supervisor or an alternate clinical supervisor will be available at all times on site where the House Officer is required to work or be placed at.

At PGY 2 level House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the Urgent Care supervisor. This is to ensure that the House Officer is exposed to a training environment that enables successful completion of their desirable skills list throughout the run. In this model support/feedback and mentoring is offered.

The supervisors will accept responsibility for direct supervision on a day-to-day basis for the learning needs and the provision of clinical care during the attachment.

The House Officer will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the House Officer's patients and will:

- Create and maintain a suitable individual learning environment for the House Officer
- Act as a mentor for the House Officer
- Ensure that a wide range of opportunities for clinical skill development is available to the House Officer
- Ensure that the House Officer has a level of supervision appropriate to his/her skill level
- Provide guidance to the House Officer on the development of clinical strategies, and attainment of knowledge, and skills objectives
- Provide guidance and advice to House Officers on the cultural appropriateness of care provided
- Usually not have more than one House Officer under supervision
- Provide a report to the DHB which employs the House Officer via the NRA at the end of the placement
- Arrange for an alternative supervisor to cover any periods of absence

Expected Outcomes

- House Officers will gain meaningful experience of integrated care, and be more aware of the community practice/hospital interface, and interface between health professionals in the DHB.
- House Officers will have contributed to the work of the Urgent Care clinic during their placement. House Officers will provide a report of their experience to their employing DHB on completion of the placement. Copies of this report will also go to the host practice and the Northern Regional Alliance (NRA).
- It is anticipated these positions will be rewarding and that Urgent Care can be seen as a viable career option.

Section 2: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none">• Understand the philosophy and objectives and workplace policies of the named Urgent Care practice and set goals for these within this framework.• Work in a manner that demonstrates an awareness of and sensitivity to cultural diversity and the impact that may have on health goals unique to that patient. This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples.• Work closely with members of the multidisciplinary team in provision of assessments for patients, at the named urgent care practice.• Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team• Undertake diagnostic and treatment procedures• Monitor and review management plans in accordance with changes in the clinical condition of patients• Maintain a high standard of communication with patients, patients' families and whānau• Maintain a high standard of communication with hospital and community health professionals and other staff.• Inform named supervisor of the status of patients especially if there is an unexpected event• Attend medical team and clinic meetings.
Administration	<ul style="list-style-type: none">• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name legibly recorded• Participate in research and audit as agreed with training supervisor.• Provide a report of their experience to their employing DHB on completion of the placement.

Section 3: Weekly Schedule

The House Officer's hours of work will consist of 8 hours weekday shifts with varies start and finish times, as per the roster template below. The House Officer will also be required to work 1 weekend every three weeks consisting of a Saturday shift from 10:00am – 8:00pm and a Sunday shift from 9:00am – 5:30pm. When the House Officer is rostered to work during the weekends, they will be rostered off on the Thursday and Friday before the weekend shift. All shifts will include a 30 minute unpaid lunch break which can be taken away from the practice. There will be an experienced FRNZCUC on site during all House Officer shifts.

White Cross Henderson House Officer Roster Template							
	M	T	W	T	F	S	S
Week 1						x	x
Week 2		A	A	B	C	x	x
Week 3				x	x	DW	EW

Roster Key	
	9:00am - 5:30pm
A	7:00am - 3:30pm
B	10:00am - 6:30pm
C	3:00pm - 11:30pm
DW	10:00am - 8:00pm (sat)
EW	9:00am - 5:30pm (sun)
x	day off

The House Officer will be allocated to clinical activities and non-clinical activities. Sessions with the supervisor, clinical activities, non-clinical activities and protected training time will be as per the roster and will only be changed by agreement with the House Officer.

Clinical activities may include time consulting patients, checking results, reading letters relating to a patient's care, writing patient referral letters, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families, and preparation of clinical reports.

Non-clinical activities may include specific learning sessions, teaching (including preparation time), networking with colleagues at the practice, educational or personal supervision, service or practice administration, general reading or research, planning meetings, preparation of educational resources, preparation of clinical resources and time spent visiting other community services for the broader understanding of the primary health care environment.

Section 4: Cover

There is one House Officer on this run and there will be a supervising Fellow of the Royal NZ College of Urgent Care on-site during all hours that the House Officer works.

Section 5: Training and Education:

Nat	Details
Protected Training Time	Protected training time of 2 hours per week will be allocated for CME, professional self-development, medical learning and to attend teaching sessions with training supervisor, and relevant peer review group meetings. Times and venues for these are as per the roster.
The House Officer is expected to contribute to the education of nursing, technical staff and medical staff when requested	

Section 6: Performance Appraisal

<i>House Officer</i>	<i>Community Provider</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated Clinical supervisor to discuss their learning objectives and expectations for the run, review and assessment times, and one on one teaching time • After any assessment that identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor 	<p>The Community Provider will ensure:</p> <ul style="list-style-type: none"> • An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run, review and assessment times, and one on one teaching time; • A mid-run meeting and assessment report on the House Officer six (6) weeks into the run, after discussion between the House Officer and the Clinical Supervisor responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Clinical Supervisor responsible for the House Officer will bring these to the House Officer's attention, and discuss and implement an agreed plan of action to correct them; • An end of run meeting and final assessment report on the House Officer, a copy of which is to be sighted and signed by the House Officer • For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.

Section 7: Leave

House Officer	Community Provider
<p>The House Officer will:</p> <ul style="list-style-type: none"> • Apply for leave as soon as possible; this leave will not require cover. • Submit their application for leave to the RMO Support for processing. 	<p>The Community Provider will:</p> <ul style="list-style-type: none"> • Arrange cover for leave once the DHB have confirmed that the leave request has been approved.

Section 8: Hours and Salary Category

Basic hours (Mon-Fri)	40
Rostered additional hours (inc. nights, weekends & long days)	8
All other unrostered hours	3
Total hours	51

Salary: In accordance with clause 8.1.2 the salary for this run will be detailed as D category run.