

Run Description

POSITION:	Mercy Hospice Palliative Medicine Community House Officer
DEPARTMENT:	Mercy Hospice Auckland
PLACE OF WORK:	Mercy Hospice Auckland, 61 College Hill, Ponsonby, Auckland
RESPONSIBLE TO:	Medical Team Leader, Mercy Hospice Auckland
FUNCTIONAL RELATIONSHIPS:	Staff Mercy Hospice Auckland. Patients referred to Mercy Hospice Auckland Auckland City Hospital and community based healthcare workers and services
EMPLOYMENT RELATIONSHIPS:	Employed by ADHB and on secondment for the duration of the run
PRIMARY OBJECTIVE:	To provide initial and on-going medical management of patients referred to the Mercy Hospice Auckland Palliative Care Service under supervision of the inpatient Palliative Medicine Specialist
RUN RECOGNITION:	The position offered by Mercy Hospice Auckland will provide the House Officer with experience in palliative care in a non-hospital setting and will assist with meeting MCNZ requirement for RMO community experience
RUN PERIOD:	This run description applies to runs of 3 months duration

Background:

Mercy Hospice Auckland is the provider of specialist community palliative care services within the Auckland DHB patient catchment area. The hospice has a 13 bed inpatient unit and provides the base for the community palliative care nursing service. The hospice receives approximately 1000 referrals to its service each year and at any one time there are some 250 – 300 patients receiving community care.

Patients eligible for specialist palliative care include those with active, progressive advanced disease for whom the prognosis is limited and whose focus of care is quality of life *and* who have a level of need that exceeds the resources of the primary health care team. Eligibility is based on need not diagnosis, and patients with either malignant or non-malignant diseases may be referred for palliative care.

The multidisciplinary team works together to ensure that patients receive comprehensive care appropriate to their needs. These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

The hospice service has close links with Auckland City Hospital Specialist Palliative Care Team as well as other community services (hospices, cancer society, district nursing services, private hospitals) providing palliative care. Liaison with these services and the patient's general practitioner (GP) are routine.

Section 1: House Officer's Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> • Understand the philosophy and objectives of Palliative Care and the Palliative Care Service and set goals for practice 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 (as set out in the Mercy Hospice Auckland Maori Health Plan) 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. • Develop, and implement management plans for hospice inpatients in collaboration with the patient, family, whānau and other members of the multidisciplinary team • Undertake diagnostic and treatment procedures appropriate to the subspecialty • 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 hospice and community health professionals and other staff. • Participate in review of patients under the care of the Palliative Care Service in conjunction with the multidisciplinary team • Inform Palliative Care Service SMO of the status of patients especially if there is an unexpected event • Attend timetabled team meetings and ward rounds.
Inpatients	<ul style="list-style-type: none"> • Provide initial assessment and management plan for in-patients referred to the palliative care service. • Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day • Document assessment summaries and management plans in patients' clinical notes • Ensure palliative care records including discharge summary are forwarded to community palliative care providers and the patient's GP on discharge of patient from the inpatient unit • Ensure weekend and overnight palliative management plans are documented in the notes
Outpatients	<ul style="list-style-type: none"> • All consultations with community patients or outpatients will be in close association with the Palliative Care Consultant (SMO) responsible for the community team on that day. • Any home visits will be done with the Palliative Care Consultant in attendance • Assess and develop management plans for patients referred for medical review • Arrange and perform outpatient investigations and ensure appropriate follow-up • Document assessment summaries and management plans • Communicate with patient's GP and other relevant community services following the consultation
Administration	<ul style="list-style-type: none"> • Maintain satisfactory standards in accord with the Mercy Hospice Auckland Administrative & Clinical Policies & Procedures

Section 2: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday 0800 – 1700. This includes a 30 minute un-paid lunch break which can be taken away from the community provider. There is consultant presence during these hours.

In addition the House Officer will participate in the General Medicine after hour's roster for Auckland City Hospital working a Saturday and Sunday admitting duty 1400-2200 at a ratio of 1:3 weekends.

The scheduled week day activities are shown below. In addition to activities shown in the weekly schedules (timetabling of which may be subject to change) the House Officer will be allocated to clinical activities, non clinical activities and two hours per week of protected training time. Timetabling of clinical activities, non clinical activities and protected training time may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0830 - 0930 Handover meeting 1100 Multidisciplinary team meeting	0800 – 0900 Handover meeting Ward work	0800 – 0900 Handover meeting 1100 – noon In-house Dr education & peer group meeting	0800 – 0900 Handover meeting Ward work 1200 – 1300ACH Grand Round	Protected training time Case review ± Pharmacist tutorial
p.m.	Ward work	Ward work	Ward work 1500 – 1530 In-service MDT Education	Ward work	Self directed learning

Clinical activities may include ward rounds, ward work, reading and responding to patient referral letters, grand rounds, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, research and study related to the treatment of a specific patient, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families, preparation of police, coroner, legal, ACC & similar reports.

Non - clinical activities may include teaching - (including preparation time), educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources and preparation of clinical resources.

Section 3: Cover

There is one house officer on this run at any one time. A palliative medicine advanced trainee registrar may be on site at the same time. The presence of a registrar will not compromise the experience and/or educational opportunities for the house officer.

There is a palliative medicine consultant available on-site during normal working hours and available on 2nd call during the on call duty hours.

Section 4: Training and Education

Nature	Details
Protected Training Time	Protected training time of a minimum 2 hours per week will be allocated for CME, professional development, medical learning and to attend teaching sessions with the training supervisor. This may include time for attendance at the in-house education & peer group meeting, Grand Round at Auckland City Hospital, weekly case review and tutorial and self-directed learning
The house officer may when requested, contribute to the education of nursing and other staff within the limits of their experience	

Section 5: 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 identifies 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 a 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 6: Leave

<i>House officer</i>	<i>Community Provider and Auckland DHB</i>
<p>The House officer will:</p> <p>Apply for leave as soon as possible; this leave will be covered by the Community Provider.</p> <p>Submit their application for leave to the RMO Support for processing.</p>	<p>The Community Provider will;</p> <p>Arrange cover for leave once Auckland DHB have confirmed that the leave request has been approved.</p>

Section 7: Hours and Salary Category

Average Weekly Working Hours	Community Provider Commitments
Basic hours (Mon-Fri) 40.00	
Rostered additional 7.80	
Unrostered hours 1.48	
Total hours 49.28	

Salary: The salary for this run will be an **E** run category.