

RUN DESCRIPTION

POSITION:	GP/Integrated Care House Officer
DEPARTMENT:	Localities – GP
PLACE OF WORK:	General Practice
RESPONSIBLE TO:	GP Supervisor at the relevant practice for all clinical & training matters
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, Hospital and community based health care workers, Practice Manager, Practice Nurses and other Practice Staff
EMPLOYMENT REPLATIONSHIPS:	Employed by CM Health and on secondment for the duration of the run
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at the GP practice and 'At risk individual programme' in a learning environment
RUN RECOGNITION	To be confirmed
RUN PERIOD:	This run description applies to runs of 3 months duration

Section 1: Background

This attachment provide hands on experience and one to one teaching from an accredited GP teacher and Specialist Physician in a supportive and stimulating general practice environment. Time will be spent in General Practice Consultation and with the ARI programme multidisciplinary team.

The training will provide a good foundation toward vocational pathways of both General Practice and General Medicine. Key to this is to expose the trainee to a range of environments where new skills can be learnt to gain the basic competencies towards these vocations.

The trainee will be immersed in the cultural diversity within the local area and gain a greater understanding of community practice and the issues facing general practitioners and physicians working with patients of high complexity. The attachment will also provide an opportunity for consolidation of clinical skills that will serve the trainee in a future general scope of practice by providing a wide range of practical and clinical experience.

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

- Patient-centred care
- The generalism of general practice and general medicine
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based medicine

Learning Environment

Training will occur in named general practices within Counties manukau. The learning will take place in clinical and community settings within these services.

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

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

Clinical Placements (as per named above)

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

Supervision will ensure that trainees' learning is objectives-based, targeted to trainees' learning needs, and that there is application of the principles of cultural appropriateness to practice.

Workplace safety issues are the responsibility of the providers and trainees will conform to all practice safety standards.

Expected Outcomes

Trainees will gain meaningful experience of integrated practice, and be more aware of the general practitioner/hospital interface, and interface between health professionals in the CMHealth.

Trainees will have contributed to the work of the general practice during their placement. Trainees will provide a report of their experience to their employing hospital on completion of the placement. Copies of this report will also go to the host practice and the Northern Regional Alliance.

These positions will be recognised as rewarding and that general practice and general medicine can be viable career options.

Section 2: House officer Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> • Understand the philosophy and objectives of the named GP practice 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 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 GP 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 scheduled multidisciplinary team review rounds, medical team and departmental meetings.
Weekly schedule	<ul style="list-style-type: none"> • During ordinary hours the house officer will be allocated to clinical activities, non-clinical activities and two hours per week of protected training time. Timetabling of session with the preceptor, clinical activities, non-clinical activities and protected training time may be subject to change. • Clinical activities may include time consulting patients, reading letters relating to a patient's care, and 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, preparation of clinical reports. • In addition, the house officer will participate in the Medicine after-hours roster at Middlemore Hospital. • 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.

Administration	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
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Section 3: Roster

Hours of Work		
Ordinary Hours	Monday to Friday	0800-1600
Acute Call Long Day	Monday to Friday	0800-2230
Weekend Acute	Saturday and Sunday	0800-1700

When rostered to a acute long day, the House Officer will work from 0800-1530 in the GP practice/Community setting and from 1630-2230 for the Medicine service at Middlemore Hospital.

When rostered to a weekend duty, the House Officer will primarily cover Cardiology wards in the morning, and will assist with acute admitting for the Medicine service in the afternoon.

When rostered to an after-hours shift, the participants on this run will contribute to an after-hours team. The house officers will work generically across General Surgery, Orthopaedics, Plastic Surgery, General Medicine, Medical Specialties and Mental Health Services for Older People (Ward 35), however will work in their designated service wherever possible.

Section 4: Cover and Clinical Supervision

<i>Other Resident and Specialist Cover</i>
<p>There are 3 House Officers working on the GP/Integrated care rotation.</p> <p>At PGY 2/3 level trainees will require a high degree of supervision and support. Clinical supervision will be provided by the GP supervisor and the lead physician for the ARI programme. This is to ensure that the RMO is getting 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 to the trainee on a monthly basis. 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.</p> <p>The trainee will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the trainee's patients and will:</p> <ul style="list-style-type: none"> • Create and maintain a suitable individual learning environment for the trainee • Act as a mentor for the trainee • Make sure that a wide range of opportunities for clinical skill development is available to the trainee • Ensure that the trainee has a level of supervision appropriate to his/her skill level • Provide guidance to the trainee on the development of clinical strategies, knowledge, and skills objectives • Provide guidance and advice to trainees regarding the cultural appropriateness of care provided • Usually not have more than one House Officer trainee under their supervision • Provide a report to the DHB which employs the trainee and the NRA at the end of the placement • Arrange for alternative supervisor to cover any periods of absence

For after-hours duties worked at Middlemore Hospital a Senior Medical Officer will be available and is based at Emergency Care.

When rostered to an after-hours shift, the participants on this run will contribute to an after-hours team. The house officers will work generically across General Surgery, Orthopaedics, Plastic Surgery, General Medicine, Medical Specialties and Mental Health Services for Older People (Ward 35), however will work in their designated service wherever possible

Section 5: Training and Education

<i>Nature</i>	<i>Details</i>
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Specific Training Requirements

During this period of training the following situations or cases will normally be expected to present in a general practice. It is expected that the trainee will experience at least 30% of these cases or situations during the course of the placement:

Diabetes	Transient ischaemic attacks due to carotid stenosis
Venous ulcer	Changing medication due to Pharmac initiatives
Lacerations	Thyrotoxicosis
Atrial Fibrillation	Osteoporosis
Stroke	Asthma
Temporal Arteritis	Haematemesis
Congestive Cardiac Failure	Hypercholesterolaemia
Atrial septal defect	Hypothyroidism
Osteomyelitis	Unstable angina
Myocardial infarction	Fractures
Epilepsy	Perforated ear drum
Bipolar depression	Middle ear grommet tubes
Deliberate self-harm	Injury to acromio-clavicular joint
Parkinson's disease	Migraine headaches
Dysmenorrhoea	Cervical smear
Oral contraception	Depression
Prostatism	Rheumatic valve disease
Hypertension	Infectious mononucleosis
Insomnia	Tonsillitis

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

- Small lesion removal
- Suturing
- Anterior nasal pack insertion
- Rhinoscopy
- Application of liquid nitrogen
- Auditory canal irrigation
- Bandaging a limb
- Blood glucose determination
- Cervical smears
- 12 lead ECG
- IV cannulation
- Joint aspiration
- Metered dose inhaler technique
- Ophthalmic minor procedures
- Casting
- Point of care urinalysis
- Proctoscopy
- Tympanometry
- Venous blood sampling
- Wound care
- Communication Skills, including CBT and motivational Interviewing for brief opportunistic interventions

Environment

- Triage, the co-ordination of urgent transfer and confronting fallibility in emergency situations
- Personal management skills
- Impacts of legislation
- Skills in the use of technology – xray machines, reading films, ECGs, obstetric monitoring equipment
- Aspects of living in a multi-cultural community
- Impacts of legislation

Protected Training Time	Protected training time of 2 hours per week will be allocated for CPE, professional self-development, medical learning and to attend teaching sessions with training supervisor, and relevant teaching rounds.
The House officer is expected to contribute to the education of nursing, technical staff and medical staff when requested	

Section 6: Performance appraisal

House officer	Practice
<p>The House officer will: at the outset of the run meet with their supervisor or designate if the supervisor is not available to discuss goals and expectations for the run, review and assessment times,</p> <p>after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their supervisor or designate if supervisor is not available</p>	<p>The Practice will provide a suitable work and training environment that will foster excellence in patient care and support high quality education.</p> <p>An initial meeting between the supervisor (or designate if supervisor is not available) and house officer will be arranged to discuss goals and expectations for the run, review and assessment times.</p> <p>An interim assessment report will be provided midway through the run (after six weeks), after discussion between the house officer and the supervisor.</p> <p>A final assessment report will be provided at the end of the run, a copy of which is to be sighted and signed by the house officer.</p> <p>The opportunity to discuss any deficiencies identified during the attachment will be available at any time. The supervisor (or designate if supervisor is not available) in conjunction with the House officer will discuss and implement a plan of action to correct identified deficiencies.</p>

Section 6: Leave

House officer	Practice
<p>The House officer will:</p> <ul style="list-style-type: none"> • Apply for annual leave as soon as possible, this leave will be covered by other GP's in the practice. • Apply to both the GP practice and NRA 	<p>The Practice will:</p> <ul style="list-style-type: none"> • Arrange for cover for reasonable periods of leave requested and ensure that CM Health is notified of any absences so that CM Health payroll can be informed.

Section 8: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
BasicHours	40.0	The Service, together with RMO Support will be responsible for the preparation of any rosters.
Rostered additional hours (including weekends & long days)	12.5	
Non rostered hours	3.0	
TOTAL HOURS PER WEEK	55.5	

Salary: The salary for this attachment will be detailed as a Category C.