

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	General Practice
PLACE OF WORK:	Te Puna Hauora
RESPONSIBLE TO:	Clinical Supervisor for day-to-day supervision
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, community based health care workers and non-clinical staff. Professional relationships with the clinical supervisor and other specialist Relationships with other services in the Integrated Family Health Centre including radiology, physiotherapy, psychotherapy, cardiology, ophthalmology, audiology etc.
EMPLOYMENT RELATIONSHIPS:	Employed by Waitemata DHB on secondment for the duration of the clinical attachment
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at Te Puna Hauora in a supportive, stimulating, learning environment
RUN RECOGNITION:	The clinical attachment offered by Te Puna Hauora will provide the House Officer with experience in a general practice setting. The run has been accredited by MCNZ as a community based attachment.
RUN PERIOD:	3 months

Background:

This clinical attachment is designed to support House Officers to gain appropriate exposure to an integrated model of healthcare working across traditional inpatient/community boundaries. This experience may assist the House Officer in making an informed decision about a future career in Primary Care or General Medicine, or if the House Officer chooses to continue in secondary care then giving them a much clearer understanding of integrated primary care so that the House Officer can take this into their secondary care practice providing a much more integrated and seamless journey for patients.

This attachment will provide hands on experience and one to one teaching from an accredited GP teacher in a supportive and stimulating general practice environment.

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

The House Officer 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 House Officer 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

Formal learning and completion of learning objectives on e-port

Section 1: Clinical Attachment

Training will occur at Puna Hauora, a Maori health provider/general practice within the Waitemata DHB catchment area. Te Puna Hauora serves a population of people who traditionally suffer from health inequalities i.e. people with lower socio-economic status such as Maori, Pacific Islanders, immigrants and refugee groups. The learning will take place in clinical and community settings within these services.

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

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

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 general practice	Training Objectives
To promote general practice and general medicine as viable and rewarding careers option	Quality of the experience. Mentoring and clinician feedback/discussion
To take advantage of general practice settings to appreciate patient context	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise	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 and Pacific	Attend our in-house Tikanga Best Practice and our Pacific Cultural Competencies in Health Courses. Being exposed to the community of Waitemata with the exception of one practice are all in high need areas.

To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support.
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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 general practitioners, 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 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.

Specific Training Requirements

During this attachment the following situations or cases will normally be expected to present in a general practice where it is expected that the House Officer will experience at least 30% of these cases or situations during the course of the attachment:

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
Alcohol and drug addiction management	Management of DVT

Supervision and guidance will be provided for the following skills list where available at the Practice:

- 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
- IUCD insertion and removal
- Jadelle insertion and removal
- Punch biopsy
- Ear suctioning
- Pipelle endometrial sampling
- Management of cellulitis/sepsis with IV antibiotics
- Management of dehydrated patients with IV fluids
- 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

Clinical Supervision

An experienced Fellow of the College of General Practitioners will be allocated to each House Officer as their primary supervisor. The primary supervisor or an alternate Clinical Supervisor will be available available on site where the House Officer is required to work or be placed at all times.

House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the GP 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 a 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
- Make sure 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, knowledge, and skills objectives
- Provide guidance and advice to House Officers regarding the cultural appropriateness of care provided
- Usually not have more than one House Officer under their supervision
- Provide a report to the DHB which employs the House Officer via the NRA at the end of the placement

- Arrange for alternative supervisor to cover any periods of absence

Expected Outcomes

- House Officers will gain meaningful experience of integrated practice, and be more aware of the general practitioner/hospital interface, and interface between health professionals in the DHB.
- House Officers will have contributed to the work of the general practice during their placement. House Officers 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 (NRA).
- It is anticipated these positions will be recognised as rewarding and that general practice and general medicine can be viable career options.

Section 2: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
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.
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

Area	Responsibilities
	placement.

Section 3: Training and Education

Nature	Details
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 4: Roster

<i>Roster</i>
<p>Hours of Work</p> <p>The ordinary hours of work are 0830 - 1700 Monday to Friday including a 30 minute unpaid lunch break which can be taken away from the community provider.</p> <p>There is an experienced Fellow of the College of General Practitioners on site during these hours.</p>

During the ordinary hours the House Officer will be allocated to clinical activities and non-clinical activities. 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.

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 5: Cover:

<i>Other Resident and Specialist Cover</i>
There is one House Officer on this run and there is an experienced Fellow of the College of General Practitioners available on-site during all hours that the House Officer is required to work.

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 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 7: Leave

<i>House Officer</i>	<i>Community Provider and Waitemata DHB</i>
<p>The House officer will:</p> <ul style="list-style-type: none"> • Apply for leave as soon as possible; this leave will be covered by other GP's in the practice. • 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 Waitemata DHB have confirmed that the leave request has been approved.

Section 8: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	2.5	
All other unrostered hours	2.0	
Total hours per week	44.5	

Salary: The salary for this attachment will be as detailed as an F Category run.