

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Child Health
PLACE OF WORK:	Community Child Health Cluster
RESPONSIBLE TO:	Clinical Director and Unit Manager of Child Health for all clinical and training matters
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, community based health care workers and non-clinical staff. Professional relationships with the clinical supervisor and other specialists. Relationships with other services in the Community Child Health Cluster and related hospital services including paediatric medical and nursing team, child development team, Child and Family community team.
PRIMARY OBJECTIVE:	Involvement in the medical management of patients in the WDHB Community Child Health Cluster in a learning environment.
RUN RECOGNITION:	The clinical attachment offered by Waitemata Community Child Health will provide the House Officer with experience in a child health in a non hospital 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 child healthcare working in an interdisciplinary way across inpatient/community boundaries. This experience may assist the House Officer in making an informed decision about a future career in Primary Care or Community Child Health. If the House Officer chooses to continue in hospital-based care the role will provide them a much clearer understanding of integrated primary care to inform their work with families and patients across the systems of care.

Community Child Health services in Waitemata are organised into 6 geographical multidisciplinary clinical teams ('Community Child Health Clusters') through which clinic, home and school-based services are delivered. While acute hospital care remains centralised, almost all other services are devolved to this locality based team to enable care coordination, effective inter-disciplinary approaches, closer-to-home availability and better integration with primary care teams.

This attachment will provide hands on experience and apprenticeship model learning alongside paediatric consultants, registrars, community nurses and child health therapists in a dynamic and stimulating interdisciplinary team.

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 paediatricians 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:

- Child centred care in relation to the context of family and neighbourhood
- The generalism of general practice and paediatrics
- Working in an interdisciplinary child health team across traditional boundaries
- Evidence-based medicine
- Relating to other sectors including education, social and housing for child health.

The training will provide the House Officer with a good foundation toward vocational pathways of both General Practice and Paediatrics, and in particular will shape his/her understanding of the child and their family within the community as a context for health and the ways health care is delivered effectively outside the hospital.

Section 1: Clinical Attachment

Training will be based out of Waitakere Hospital, an integrated child health service based within the Waitemata DHB catchment area. 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 all practice safety standards.

Objectives of the training programme

Objective:	Achieved by:
To experience and participate in community child health practice	Training Objectives
To promote community paediatrics as a viable and rewarding career option	Quality of the experience. Mentoring and clinician feedback/discussion
To take advantage of community child health 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
To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support.

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, as well as other health professionals in the local area. The House Officer will receive support and guidance to ensure that learning occurs, and that a representative experience across the spectre of child community health is obtained. The run will provide the opportunity for attachment to other community provided services (allied health, public health and community nursing etc) to give the House Officer a broad understanding of child health care.

Training is on an apprenticeship basis, and much learning is by example. The example set by the clinicians in the team will strongly influence 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 being given to the RMO. The opportunity 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 community child health. There is the opportunity for the House Officer to experience, and get confidence with, attending to simple health issues in the context of complexity (e.g. the child with cerebral palsy, with skin infections):

Common Paediatric referrals	The child/family with multiple challenges
Allergy	Children in complex social situations
Cardiac murmurs	Children with complex medical conditions
Growth concerns	Chromosomal/genetic/multi-system disorders
Skin infections	
Urinary tract infections	
Developmental medicine	Population Health
Speech delay	e.g. local immunisation rates, obesity
Behavioural challenges	

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

- Clinical assessment of the child
- Advocacy for the child (e.g. with other health services or sectors such as housing)
- Interdisciplinary care coordination meetings
- A supervised and focussed evaluation of an aspect of service (e.g. allergy clinical pathway audit)
- Interpretation of some population health information (e.g. locality cellulitis rates)

Environment

- Personal management skills
- Intersectoral working e.g. school visits and working with teachers
- Policy and legislation impacts
- 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 Paediatrician will be allocated to each House Officer as their primary supervisor and will provide close clinical supervision, support and mentoring. The primary supervisor or an alternate Clinical Supervisor will be available at all times where the House Officer is required to work or be placed during the working week. House Officers require a high degree of supervision and support. Clinical Supervision will be provided by the assigned Paediatrician. 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 to the trainee. 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, 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 care, and be more aware of the general practitioner/hospital interface, and interface between health professionals in the DHBs.
- House Officers will have contributed to the work of the Community Child Health Cluster 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 recognised as rewarding, supporting paediatrics (community child health) 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 of the named Community Child Health Cluster 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 Community Child Health Cluster. • 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 Community Child Health Cluster meeting, • Attend / videoconference in to clinical rounds, and related learning opportunities (e.g. Starship updates/rounds which are also video conferenced).
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files/electronic records 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. Copies of this report will also go to the host service and the Northern Regional Alliance (NRA).

Section 3: Roster

Hours of Work

The ordinary hours of work are 0800 - 1630 Monday to Friday. This includes a 30 minute unpaid lunch break which can be taken away from the community provider.

The scheduled week day activities are shown below. In addition to activities shown in the weekly schedule the House Officer will be allocated to clinical activities and non-clinical activities as well as two hours of protected training time. Timetabling of session with the preceptor, clinical activities, non-clinical activities and protected training time may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0800-0900 <i>Community team Handover meeting (Level 1 Snelgar)</i> <i>Community visits with team</i>	0800 – 0900 <i>Comm Team Handover meeting</i> <i>Community visits with team</i>	0800 – 0900 <i>Comm Team Handover meeting</i> <i>Community visits with team</i>	0800 – 0900 <i>Rangatira Handover meeting and teaching</i> <i>Rangatira Ward round</i> <i>12.30-1.30pm Paediatric Grand</i>	0800-0900 <i>Comm team Handover meeting</i> <i>Community visits with team</i>
p.m.	<i>Community visits with team</i>	<i>Community visits with team</i>	<i>Community visits with team</i>	<i>ED in afternoon 1600-1630 Handover</i>	<i>Meet with supervisor (time may vary by agreement) Self directed learning</i>

Note regarding roster: 'Community visits with team' includes, for example, involvement alongside community teams with community based care of children with complex needs, related visits to outpatients and emergency care, and working with Public Health Nurses in schools. In the proposed programme Thursdays are routinely a teaching day and opportunity for the House Officer to work (supernumerary) at the hospital base as part of their learning. There will be flexibility with this if there is key community opportunities which may be taken up instead by discussion.

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, 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 4: Cover

There is one House Officer on this run and there is an experienced Paediatrician available in locality during all hours that the House Officer is required to work. The House Officer will be clinically involved when other senior members of team (Community Nurses and Paediatricians) are also seeing the patients.

Section 5: 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 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> <p>Apply for leave as soon as possible this leave will not require cover</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 Waitemata DHB have confirmed that the leave request has been approved.</p>

Section 8: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours (inc. nights, weekends & long days)	0	
All other unrostered hours	2.0	
Total hours per week	42.0	

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