

## **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer – Palliative Medicine
<b>DEPARTMENT:</b>	North Shore Hospice
<b>PLACE OF WORK:</b>	North Shore Hospice, Shea Terrace, Takapuna
<b>RESPONSIBLE TO:</b>	Palliative Care Specialists at North Shore Hospice for all clinical and training matters.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Staff of North Shore Hospice, Patients and families referred to North Shore Hospice, Hospital Palliative Care Services
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by Waitemata District health Board and on secondment for the duration of the clinical attachment
<b>PRIMARY OBJECTIVE:</b>	Involvement in the medical management of patients at the North Shore Hospice in a learning environment.
<b>RUN RECOGNITION:</b>	The position offered by North Shore Hospice 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.
<b>RUN PERIOD:</b>	3 months

### **Background:**

North Shore Hospice is the provider of specialist community palliative care services within the Waitemata DHB patient catchment area. The hospice has a 9 bed inpatient unit and provides the base for the community palliative care nursing service. The hospice receives approximately 600 referrals to its service each year and at any one time there are some 150 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 North Shore 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 Officers Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> <li>• Understand the philosophy and objectives of the North Shore Hospice and set goals for practice within this framework.</li> <li>• 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.</li> <li>• Work closely with members of the multidisciplinary team in provision of assessments and care plans for patients.</li> <li>• Undertake diagnostic and treatment procedures.</li> <li>• Monitor and review management plans in accordance with changes in the clinical condition of patients.</li> <li>• Maintain a high standard of communication with patients, patients' families and whanau.</li> <li>• Maintain a high standard of communication with hospital and community health professionals and other staff.</li> <li>• Inform their supervisor of the status of patients especially if there is an unexpected event.</li> <li>• Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.</li> </ul>
Inpatients	<ul style="list-style-type: none"> <li>• Provide initial assessment and management plan for in-patients referred to the palliative care service.</li> <li>• Discuss new assessments, management plans and clinical problems with Palliative Care Consultant (SMO) responsible for clinical work that day.</li> <li>• Document assessment summaries and management plans in patients' clinical notes.</li> <li>• 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.</li> <li>• Ensure weekend and overnight palliative management plans are documented in the notes.</li> </ul>
Outpatients	<ul style="list-style-type: none"> <li>• 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</li> <li>• Any home visits will be done with the Palliative Care Consultant in attendance.</li> <li>• Assess and develop management plans for patients referred for medical review.</li> <li>• Arrange and perform outpatient investigations and ensure appropriate follow-up.</li> <li>• Document assessment summaries and management plans.</li> <li>• Communicate with patient's GP and other relevant community services following the consultation.</li> </ul>

Administration	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescription and notes are to be signed, with a printed name legible recorded.</li> <li>• Participate in research and audit as agreed with training supervisor</li> </ul>
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## Section 2: Weekly Schedule

The scheduled week day activities are shown below:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>a.m.</b>					
8.00 am - 8.45 am	MDT Clinical work	MDT Clinical work	MDT Clinical work	MDT Clinical work	MDT Clinical work
<b>p.m.</b>	Clinical work	Clinical work	Journal Club/ Peer review meeting Tutorial	Clinical work	Clinical work

Clinical work includes clinical review of in patients, admitting and clerking patients, attending family meetings, involvement in discharge planning, discharge and other appropriate letters and patient summaries, case reviews and audit activities. There will also be opportunity to accompany community team members on home visits.

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 and non-clinical activities.

## Section 3: Roster

### *Roster*

There is 1 Palliative Care House Officer.

The Ordinary Hours of work are 0800 – 1630 Monday to Friday. This includes a 30 minute lunch break which can be taken away from the practice.

There is a consultant/vocationally registered Specialist on site during these hours.

## Section 4: Cover:

### *Other Resident and Specialist Cover*

There is one house officer on this run and there is an experienced specialist available on-site during all hours that the house officer is required to work.

## Section 5: Training and Education

<i>Nature</i>	<i>Detail</i>
Protected Training Time	Protected training time of 2 hours per week will be allocated for professional self-development, medical learning and to attend teaching sessions with training supervisor, and relevant teaching rounds. The teaching sessions can include the weekly tutorial, journal club and pathology session.
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"> <li>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;</li> <li>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.</li> </ul>	<p>The Community Provider will ensure:</p> <ul style="list-style-type: none"> <li>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;</li> <li>A mid-run meeting and assessment report on the House Officer six <b>(6)</b> weeks into the run, after discussion between the House Officer and the Clinical Supervisor responsible for them;</li> <li>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;</li> <li>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 Office. For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

