

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Urgent Care/General Practice
PLACE OF WORK:	Bakerfield Accident and Medical, 16a Bakerfield Place, Manukau, Auckland
RESPONSIBLE TO:	Clinical Supervisor for day-to-day supervision, and secondarily to the Director of Training for teaching material and oversight of learning and assessment.
FUNCTIONAL RELATIONSHIPS:	General Manager, Reception staff, Nurses and other doctors in clinic, visiting Orthopaedic, Plastic Surgeon, Radiologist, Chemist, Diabetic Nurse, Midwife and other practice staff.
EMPLOYMENT RELATIONSHIPS:	Employed by CMDHB and on secondment for the duration of the clinical attachment.
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at the Bakerfield Accident and Medical in a learning environment.
RUN RECOGNITION:	The clinical attachment offered by Bakerfield Medical will provide the House Officer with experience in an Urgent Care setting and will assist with meeting the MCNZ requirement for RMO community experience.
RUN PERIOD:	3 months

Background:

This clinical attachment is designed to support House Officers to gain appropriate exposure in 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.

This attachment provides hands on experience and one to one teaching from an accredited teacher and Urgent Care Physician in a supportive and stimulating primary care environment.

The training will provide a good foundation toward vocational pathways of Urgent Care, 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 urgent care medicine.
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based medicine

Section 1: Clinical Attachment

Training will occur in the Bakerfield Accident and Medical Practice at 16a Bakerfield Place, Manukau, The learning will take place in clinical and community settings within these services.

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

Supervision will ensure that House Officers' learning is objective-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 Urgent Care medicine.	Training objectives
To promote Urgent Care as a viable and rewarding career option	Quality of the experience. Mentoring and clinician feedback/discussion
To appreciate patient context through exposure to the Urgent Care setting	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise and to develop new clinical skills	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, Pacific and Asian	CALD 1-Culture and Cultural Competency e-learning course
To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support. Peer review group

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 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 House Officer, with constructive feedback given to the House Officer. It is essentially a 'hands-on' placement where the House Officer will contribute to the work of the practice.

Specific Training Requirements:

During this attachment the following situations or cases will normally be expected to present in a general practice or urgent care. It is expected that the House Officer 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
- Nose -anterior nasal pack insertion, using of silver nitrate for simple nose bleeding and FB removal from nose
- Rhinoscopy
- Application of liquid nitrogen for wart and Verrucae.
- Ears -auditory canal irrigation, tympanometry, interpret of hearing test, and removing of FB
- Bandaging a limb
- Blood glucose determination
- Cervical smears and swab take –high vaginal and endocervical.
- 12 lead ECG
- IV cannulation
- Joint aspiration and cortisone injection like in tennis elbow, shoulder bursitis and planter fasciitis.
- Metered dose inhaler technique and nebulizer use
- Bladder catheterization
- Ophthalmic minor procedures like removal of FB from cornea, eye irrigation, visual acuity assessment.
- Ring cutter use.
- Knee splint, Zimmer splint and arm sling application.
- Casting –Basic plaster of Paris, Fiberglass and water proof cast.
- Point of care urinalysis
- Proctoscopy and PR examination –prostate examination
- Reading of spirometry
- Venous blood sampling
- Wound care –suture wound of by stitches, glue or steristrip, wound irrigation,
- Burns management and referred complicated to burn unit at Middlemore Hospital.
- Learning of excision of lumps and bumps or wedge resection of toe nail.
- 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 – x-ray 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 or a Fellow of the College of Urgent Care will be allocated to each house officer as their primary supervisor. The primary supervisor or an alternate Clinical Supervisor will be available on site where the house officer is required to work or be placed at all times.

At PGY 2 level House Officer's will require a high degree of supervision and support. Clinical supervision will be provided by the Urgent Care and/or General Practice supervisors. 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 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 needs.
- Provide guidance to the House Officer on the development of clinical strategies, and attainment of knowledge, and skills objectives.
- Provide guidance and advice to House Officers on the cultural appropriateness of care.
- Usually not have more than One House Officer under supervision at one time.
- Provide a report to the DHB which employs the House Officer via the NRA at the end of the placement
- Arrange for an alternative supervisor to cover any periods of absence

Expected Outcomes

- The House Officer will gain meaningful experience of integrated practice, and be more aware of the community provider/hospital interface, and interface between health professionals in the Counties Manukau DHB.
- House Officers' will have contributed to the work of the General Practice and Urgent Care clinic 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 recognized as rewarding and that General Practice, Urgent care and General Medicine can be viable career options.

Section 2: House Officer Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> • Understand the workplace policies and culture of the named Urgent Care 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 Urgent Care 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 placement. Copies of this report will also go to the host practice and the Northern Regional Alliance (NRA).

Section 3: Weekly Schedule

The House Officer's ordinary hours of work are Monday to Friday 0800 and 1630, this includes a 30 minute unpaid lunch break which can be taken away from the community provider. There is a consultant/vocationally registered GP and/or Urgent Care Physician on site during the ordinary hours.

During the ordinary hours the House Officer will be allocated to clinical activities, non-clinical. Timetabling of the sessions 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 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.

In addition the House Officer will participate in the General Medicine roster at Middlemore Hospital working 1 long day per week from 1630 – 2230 and 1:4 weekend shifts which will consist of one long day from 0800 – 2230 and one short day from 0800 – 1600.

Section 5: Cover

There is one House Officer on this run and there is an experienced GP or Urgent Care Physician available on-site during all hours that the House Officer is required to work.

Section 6: 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 like case presentation for learning purposes.	

Section 7: Leave

House Officer	Community Provider and Auckland DHB
<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 Counties Manukau DHB has confirmed that the leave request has been approved.

Section 8: Performance appraisal

House Officer	Community Provider
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the outset of the run meets with their designated supervisor to discuss goals and expectations for the run, review and assessment times. • 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 9: Hours and Salary Category

Average Working Hours	Service Commitments
<p>Basic hours (Mon-Fri) 40</p>	<p>The Service, together with RMO Support will be responsible for the preparation of any rosters.</p>
<p>Rostered additional hours (inc. nights, weekends & long days) 11</p>	
<p>All other unrostered hours 1</p>	
<p>Total hours per week 52</p>	

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