



# RUN DESCRIPTION

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Auckland Regional Public Health Service (ARPHS)
<b>PLACE OF WORK:</b>	Greenlane Clinical Centre (GCC)
<b>RESPONSIBLE TO:</b>	Medical Operations Manager
<b>FUNCTIONAL RELATIONSHIPS:</b>	Public Health Medicine Specialists, General Practitioners, Medical Officers, Public Health Nurses, Health Protection Officers, Health Promoters and healthcare consumers. Relationships with other services in Auckland DHB (ADHB) including radiology, clinical services (eg respiratory medicine and infectious diseases) and laboratories.
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by Auckland DHB
<b>PRIMARY OBJECTIVE:</b>	Public health management of notified disease cases at GCC in a learning environment.
<b>RUN RECOGNITION:</b>	The clinical attachment offered by ARPHS will provide the House Officer with experience in a Public Health Unit setting. The run has been accredited by MCNZ as a community based attachment.
<b>RUN PERIOD:</b>	3 months

## Background:

ARPHS delivers public health services on behalf of the three district health boards in the Auckland region. ARPHS is a fully integrated public health unit delivering promotion, protection, compliance and screening programmes designed to improve the health and wellbeing of the populations of the Auckland region. In partnership with mana whenua, ARPHS strives always to reduce health inequalities working across three domains: **Excellence in Core Delivery, Leadership and Advocacy** and **Future Focused**

ARPHS operates under a management/clinical partnership model in which senior managers are partnered with a lead clinician/s to provide strategic leadership on specific portfolios to the organisation and to deliver key operational aspects of ARPHS Annual Operating Plan.

**Our Vision:** Te ora o Tamaki Makaurau: health for all the people of Auckland

**Our Values:**

- Welcome – Haere Mai
- Respect - Manaaki
- Together - Tūhono
- Aim High - Angamua

This clinical attachment is designed to support House Officers to gain appropriate exposure to the clinical work involved in a large Public Health Unit. This experience may assist the House Officer in making an informed decision about a future career in Public Health or General Medicine (in particular infectious diseases and respiratory medicine). If the House Officer chooses to continue in secondary or primary care this experience will give them a much clearer understanding of public health practice so that the House Officer can take this into their practice.

This attachment will provide hands on experience and one-to-one teaching from practitioners vocationally registered in the scope of Public Health Medicine and/or General Practice in a supportive and stimulating environment.

The training will provide a good foundation toward vocational pathways of Public Health Medicine, General Practice or General Medicine. The 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 region and gain a greater understanding of practice at the interface between hospital and community settings and the issues facing 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:

- practice with a population health focus
- communicable disease control
- the relationship between public health practice, hospital-based care and general practice
- patient-centred care
- working in a multidisciplinary environment across traditional boundaries
- evidence-based medicine.

Formal learning and completion of learning objectives will be documented on e-port.

**Section 1: Clinical Attachment**

Training will occur at ARPHS. The learning will take place in clinical and community settings within these services. This will include management of infectious disease notifications, outbreak preparedness and informing and educating patients with particular infectious diseases such as Dengue Fever. Community experiences may include working alongside PHNs and HPOs in a variety of roles including TB management, environmental control and outbreak site visits.

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 the principles of cultural appropriateness and patient-centred care are practiced.

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 ARPHS and House Officers will conform to all safety standards.

### Objectives of the training programme

Objective:	Achieved by:
To experience and participate in the work of a public health unit.	Training Objectives
To promote public health and general medicine as viable and rewarding careers option	Quality of the experience. Mentoring and clinician feedback/discussion
To understand population health perspectives in healthcare	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.
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, interactions with other health professionals in the units, 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 the range of services provided by ARPHS (health protection, allied health, public health nursing etc) to give the House Officer a broad understanding of public health practice.

Training is on an apprenticeship basis, and much learning is by example. The example set by the physicians and other staff in the unit 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 trainee is expected to contribute to the work of the unit.

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 public health unit where it is expected that the House Officer will experience at least 30% of these cases or situations during the course of the attachment:

Management of notified measles case and contacts	Critical incident management using CIMS model
Management of notified pertussis case and contacts	Management of enteric disease cases and contacts
Management of notified mumps case and contacts	Management of notified Dengue Fever case.
Management of notified meningococcal disease case and contacts	Diagnosis and management of tropical diseases
Management of legionnaires disease case	Site visits with Health Protection Officers
Management of TB case including directly observed therapy	Consultation with LTBI cases
Management of TB case contacts including directly observed therapy	Surveillance of communicable diseases
Investigation of cases with hazardous substance exposure	Development of policies or protocols for effective public health responses
Management of a disease outbreak	Development of submissions to support public policy
Critical appraisal to inform evidence based practice	Participation in intersectoral and/or inter-agency work
Audit of public health activity	Assessing health needs of population groups
Meeting facilitation	Evaluation of public health interventions
Use of information technology in public health practice	

## **Environment**

- Personal management skills
- Impacts of legislation
- Skills in the use of technology
- Aspects of living in a multi-cultural community

## **Clinical Supervision**

Two experienced Fellows of the New Zealand College of Public Health Medicine or Royal College of General Practitioners will be allocated to each House Officer. The primary clinical supervisor will provide close clinical supervision, support and mentoring to the house officer, and the alternative clinical supervisor will provide supervision when the primary clinical supervisor is not available. An allocated clinical supervisor will be available on site at all times where the House Officer is required to work or be placed. Supervisors will be Senior Medical Officers who are currently employed by Auckland Regional Public Health Service.

The Medical Operations Manager will provide oversight for the House Officer placement which will include addressing any concerns from either party. A monthly 1:1 check-in meeting will be scheduled between the Medical Operations Manager and the House Officer.

ARPHS will provide an induction for onboarding house officers which will include an overview of planning and scheduling for the duration of their placement, introductions to key people, guidance around who the support staff are, and Health and Safety training.

At PGY 2 level House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the allocated clinical 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 clinical 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 an 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 public health/ hospital/ community interface and interface between health professionals in the Auckland DHB.
- House Officers will have contributed to the work of ARPHS 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 ARPHS and the Northern Regional Alliance.
- It is anticipated these positions will be recognised as rewarding and that public health, general practice and general medicine can be viable career options.

## Section 2: House Officer Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"><li>• Understand the philosophy and objectives of ARPHS 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 the communities served by ARPHS. 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 for patients, at ARPHS.</li><li>• Develop, and implement management plans for patients in collaboration with other members of the multidisciplinary team.</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 whānau.</li><li>• Maintain a high standard of communication with hospital and community health professionals and other staff.</li><li>• Inform named 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>
<b>Administration</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• Participate in research and audit as agreed with training supervisor.</li><li>• Provide a report of their experience to the their employing DHB on completion of the placement.</li></ul>

### 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>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>In addition, the House Officer will participate in the General Medicine after hour's roster for Auckland City Hospital working a Saturday or Sunday admitting duty from 1400 - 2200 at a ratio of 1:5 weekends.</p> <p>During the ordinary hours the house officer will be allocated to clinical activities and non-clinical activities. Timetabling of session with the supervisor, clinical activities, non-clinical activities and protected training time may be subject to change.</p> <p>Clinical activities may include time consulting patients, responding to and advising on notified disease cases, reading documentation relating to patient care, liaising with other providers or agencies, 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.</p> <p>Non-clinical activities may include specific learning sessions, teaching – (including preparation time), networking with colleagues at ARPHS, educational or personal supervision, 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.</p>

### 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 Royal New Zealand College of General Practitioners and/or Fellow of the New Zealand College of Public Health Medicine available on-site during all hours that the house officer is required to work.

## Section 6: Leave

<i>House officer</i>	<i>Community Provider and Waitemata DHB</i>
<p>The House officer will:</p> <ul style="list-style-type: none"> <li>• Apply for leave as soon as possible; this leave will be covered by other practitioners at ARPHS.</li> <li>• Submit their application for leave to the RMO Support for processing.</li> </ul>	<p>The Community Provider will:</p> <ul style="list-style-type: none"> <li>• Arrange cover for leave once Auckland DHB has confirmed that the leave request has been approved.</li> </ul>

## Section 7: 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>ARPHS 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 Officer</li> <li>• End of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 8: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri)</p> <p style="text-align: right;">40</p>	<p>ARPHS, together with the RMO Support Unit will be responsible for the preparation of any Rosters.</p>

<i>Average Working Hours</i>		<i>Service Commitments</i>
Rostered additional hours (inc. nights, weekends & long days)	3.2	
All other unrostered hours	2	
Total hours per week	45.2	

**Salary:** The salary for this attachment will be as detailed in a E Category.