

## **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Auckland Prison (Ara Poutama) / Emergency Department WDHB
<b>PLACE OF WORK:</b>	Auckland Prison/ Emergency Dept WDHB
<b>RESPONSIBLE TO:</b>	Medical Officer (contracted to Ara Poutama) Clinical Director of Emergency Medicine
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers, Hospital and community based healthcare workers including Corrections Healthcare workers and non clinical staff. Professional relationships with the clinical supervisor/s and other specialists.
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by Waitemata DHB on part-time secondment to Ara Poutama for the duration of the clinical attachment.
<b>PRIMARY OBJECTIVE:</b>	Involvement in the direct management of patients outside the hospital setting, understanding the interface between Corrections provision and the wider healthcare network, in a supportive and stimulating learning environment.
<b>RUN RECOGNITION:</b>	The clinical attachment is offered by Ara Poutama and Emergency Medicine. It is an opportunity to gain experience in a unique community healthcare environment with access to DHB support and will assist with meeting MCNZ requirement for RMO community experience. This is a MCNZ accredited Community Based Attachment (CBA).
<b>RUN PERIOD:</b>	3 months

### **Background:**

This clinical attachment is designed to allow House Officers to gain appropriate exposure to working in a unique, underserved community outside the hospital setting whilst providing peer and senior support within existing DHB frameworks. House Officers will experience community management of medical illness inc. mental illness, as both acute and chronic disease management. The experience may assist House Officers in making an informed decision about a future career in primary or community health with a focus on underserved populations. The attachment will allow House Officers improved understanding of difficult to reach patients and the importance of the integration between primary and secondary care to improve patient journeys. This attachment offers House Officers first hand experience of acknowledged health disparities and the opportunity to consider a career that contributes to improving health and health-literacy for patients with reduced access to healthcare.

The training will provide a good foundation toward community vocational pathways and exposure to an environment where relevant new skills and basic competencies in acute and community care.

The House Officer will be part of a multidisciplinary team working 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.

In delivering care within a Corrections facility, particularly for people with issues of high complexity, the House Officer will be immersed in social, cultural and health diversity and gain a greater understanding of differing world views on wellbeing in social contexts.

The Emergency medicine component of the attachment provides the House Officer with an understanding of one of the Ara Poutama to secondary care interfaces and the difficulties of continuity of care for the Prison population, as well as basic knowledge and skills of acute and emergency care within hospital setting. Importantly this aspect will provide the House Officer with access to peer networks, collegial support and familiar structures (as the Corrections environment may be professionally and personally challenging).

The key integrated practice concepts applied during the training are:

- Patient-centred care
- Providing healthcare to patients with reduced access
- Working in a multidisciplinary environment across traditional boundaries
- Learning about healthcare interfaces: primary-secondary, within departments, across service providers

## Section 1: Clinical Attachment

- Training will occur at Auckland Prison (Paremoremo Rd Albany) and North Shore Emergency Department, Waitemata DHB
- House Officer learning is supervised to ensure it is objectives driven, targeted to House Officer learning needs and includes an understanding of safe conduct in a Corrections environment.
- Workplace safety issues are the responsibility of the providers and House Officers will conform to all practice safety standards, according to onsite induction.

## Performance Measures

### *Objectives of the training programme*

<b>Objective:</b>	<b>Achieved by:</b>
To experience and participate in primary care and the interface with other providers in the Corrections setting. To experience emergency medicine and its interface with community and in-hospital departments	Training objectives
To promote careers in community health as a viable and rewarding career option	Quality of the experience Mentoring and clinician feedback/discussion
To take advantage of the unique community setting 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 Māori and Pacific.	Cultural Competencies in Health courses available through the DHB

To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support
---	--

## Learning Environment

The clinical experience will be facilitated in a planned and managed learning environment, and through interactions between the House Officer and patients, and interactions with other health professionals. The House Officer will receive support and guidance from their clinical supervisor to ensure that they are meeting their learning goals, and that a representative experience of both settings is gained. The run will provide the opportunity to observe and participate in the interactions between community, acute and hospital services, as well as other with other services within the Corrections community, between Corrections and other healthcare providers (allied health, district nursing etc) and will create a positive implication for the community.

Training is on an apprenticeship basis, and much learning is by example. The examples set by the Correction clinicians and Emergency Medicine staff will strongly influence the quality of the learning experience. This requires both good role modelling and constructive feedback from the supervisors and active participation by the House Officer.

The learning opportunities will include:

- Triage - the co-ordination of urgent transfer and confronting fallibility in emergency situations
- Personal management skills
- Impact of legislation and organisational objectives/needs on healthcare provision e.g. staff safety, 6hour limit in ED
- Serving a multi-cultural community
- How Primary health care runs within a Prison environment
- Managing complex conditions within a Prison environment
- Ability to solve complex and high need conditions with a Prison environment
- Management of mental health conditions within a Prison environment

Attendance at PGY2 protected teaching workshop days will be rostered by arrangement with RMO Support and the Medical Education & Training Unit (maximum 3 days in the 3 month attachment). In addition the House Officer will be rostered to attend ED House Officer teaching on Tuesdays at North Shore Hospital from 1pm-3pm

## Specific Training Requirements and Expected Outcomes

House Officers will gain meaningful experience of Ara Poutama healthcare and Emergency medicine and be more aware of the community/hospital organisational and individual interfaces.

It is anticipated this position will be recognised as rewarding and provide RMOs with the opportunity to serve patients with reduced access to healthcare. .

House Officers will have contributed to the work of the service during their placement. House Officers will provide feedback on their experience to their employing hospital on completion of the placement.

It is expected that the House Officer will experience the following clinical presentations during the course of the attachment:

- Drug addiction
- Mental health (acute and chronic)
- Musculoskeletal (acute and chronic)
- Emergency presentations including chest pain, stroke, LRTIs
- Chronic Health Conditions
- Primary Health Conditions

## Clinical Supervision

At PGY 2 level House Officers require a high degree of supervision and support. 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.

Day to day clinical supervision will be location dependent. When on site at ED clinical supervision will be provided by a vocationally registered FACEM and Emergency Medicine registrars. When on site at Ara Poutama, supervision will be provided by Vocationally Registered GPs or Medical Officers contracted to Ara Poutama. If the House Officer is working without a Vocationally Registered GP, they can ask their senior colleague on site or contact one of the Vocationally Registered GPs contracted to the prison if required.

Formal clinical supervision will be provided by a senior doctor from either EM or Ara Poutama. The House Officer will work directly with these clinical supervisors who will have responsibility for the House Officer's patients.

Ara Poutama will create a suitable learning environment utilising a MDT approach 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.
- Will 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 or work/shifts which are not together
- Be responsible for holding and recording meetings on ePort; namely the start of attachment meeting, the mid attachment meeting and end of attachment assessment. Liaison with other day to day clinical supervisors for feedback to inform ePort recordings. Instruction for Supervisors in the use of ePort will be provided by the Director of Clinical training where required.
- Be available (or delegate to appropriate replacement) to meet with the House Officer on a daily basis to go through the management plans instituted by the House Officer for patients seen that day

## Section 2: House Officer Responsibilities

Area	Responsibility
<p><b>General</b></p>	<p><b><u>Ara Poutama:</u></b>  House Officers will be responsible for the day to day management of patients, and to carry a caseload in consultation with their day/shift clinical supervisor (CS). This will be smaller than the caseload carried by more senior colleagues. For these patients the House Officer will:</p> <ul style="list-style-type: none"> <li>• Complete assessment and/ or reviews of clinical problems</li> <li>• Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries, for patients under the care of the House Officer.</li> <li>• Help arrange input from the wider clinical team.</li> <li>• Arrange appropriate basic medical care and investigations in collaboration with the CS</li> <li>• Liaise with the other services inc. hospital for referral and admissions</li> <li>• Liaise with other community providers on release/discharge or as needed.</li> <li>• Assist as necessary with any medical emergencies.</li> <li>• Understand the philosophy and objectives of the service 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</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, and whanau where possible</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 meetings.</li> </ul> <p><b><u>Emergency:</u></b></p> <ul style="list-style-type: none"> <li>• To be responsible for the day to day management of Emergency Department patients in conjunction with the Senior Medical Officer on duty.</li> <li>• To consult at all times with the Senior Medical Officer on duty regarding cases for which he/ she is responsible.</li> <li>• Through the hours rostered to be available to respond immediately to nursing staff/ supervising medical staff requests to see patients urgently in the department.</li> <li>• To see patients through-out the shift up until 30 minutes prior to the end of the shift. During the final 30 minutes ensure all patients under their care have a plan made after discussion with the senior consultant – either for discharge or handover to oncoming team. Patients for handover require all documentation to be up to date including a partially completed discharge summary, handover form and completed drug chart</li> <li>• Clinical skills, judgement and relevant knowledge are expected to the level of experience; however, there is an expectation to improve one’s skills as the run progresses.</li> </ul>

<b>Administration</b>	<p><b><u>Ara Poutama:</u></b></p> <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> </ul> <p><b><u>Emergency:</u></b></p> <ul style="list-style-type: none"> <li>• Complete the ED clinical notes to a high standard including attendance date and time, documentation of treatment, medications, referrals, and results of consultation with senior staff (including their name).</li> <li>• Complete all the DHB mandated IT related patient clinical information.</li> <li>• Write appropriate and legible clinical notes and, in addition, complete an electronic 'Clinical discharge Summary' which will be emailed to the patient's GP as well as a printed copy given to the patient. Also, if appropriate, printed patient advice sheets will be explained and provide to the patient at discharge as well as a discharge script if needed.</li> <li>• Attend to additional clerical matters to do with patients such as reviewing and accepting laboratory reports, complete Accident Compensation Certificates and when required to write a report for outside agencies on a particular patient e.g. Police, insurance companies.</li> <li>• Where appropriate, the House Officer will provide a prescription for medication and/or relevant certificate regarding work fitness.</li> <li>• The House Officer is responsible for the completion of relevant ACC documentation.</li> <li>• All medical-legal administrative activities will be carried out in consultation with the Clinical Leader or Clinical Director.</li> <li>• Follow up on all abnormal diagnostic results appropriately.</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> </ul> <p>Obtain informed consent for procedures within the framework of the Medical Council guidelines which state:</p> <ol style="list-style-type: none"> <li>1. "The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, the House Officer must ensure the necessary information is communicated and discussed."</li> <li>2. "Council believes that obtaining informed consent is a skill best learned by the House Officer observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so.</li> </ol> <ul style="list-style-type: none"> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the Emergency department secretary 0800-1500 and the lead emergency consultant on 0212795093 (north shore hospital) or 021679683 (Waitakere hospital). The House Officer is expected to provide as much notice as possible of a potential absence so a replacement can be found</li> <li>• As a House Officer working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.</li> </ul>
-----------------------	--

### Section 3: Training and Education

Nature	Details
Protected training time	<p>Protected training time of three full days per attachment to attend PGY2 workshops at North Shore Hospital. This is in addition to any local teaching opportunities.</p> <p>House Officers will also be rostered to attend weekly teaching in ED at North Shore Hospital from 1pm-3pm on Tuesdays</p> <p>Professional development of a House Officer's skills and knowledge should occur during the run.</p> <p>In the Emergency Department clinical teaching by the Senior Medical Officer will be available on a case by case basis workload permitting.</p>
<p>The House officer is expected to learn together with nursing, technical staff and other medical staff when requested.</p>	

### Section 4: Roster

<i>Hours of Work</i>
<p><b>Ara Poutama</b>            0900-11215 Tuesday            0800-1630 Thursday            0800 -1630 Friday            Please note – while rostered to Ara Poutama the House Officer will have a 30 minute un-paid meal break</p> <p><b>Emergency Medicine</b>            0800-1800 Monday            1300-1500 Tuesday (teaching)            0800-1800 Wednesday            5x Saturday shifts over 13 weeks (including a combination of Day 0800-1800 and Afternoon 1500-2400 shifts)</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.

Clinical activities may include patient admissions, patient care and administration related to patient care, multidisciplinary meetings, audit and quality assurance activities. Case conferences and reviews, telephone and other ad hoc consultations, preparation of clinical reports are also within the remit of clinical work.

Non-clinical activities may include theoretical learning sessions, teaching (including preparation time and preparation of educational resources), networking with colleagues, and supervision sessions. In addition practice administration, general reading or research, planning meetings, preparation of clinical resources and time spent visiting other community services for the broader understanding of the primary health care environment are considered as non-clinical work.

## Section 5: Cover:

<i>Cover</i>
Ara Poutama – There is one House Officer on this run. Cover is not required for absence.
ED – Leave will be provided by other members within the ED team, only where absence results in ED staffing falling below minimum staffing.

## 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 Providers 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 time, and one on one teaching time. This meeting will be recorded on ePort</li> <li>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. This meeting will be recorded on ePort</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. The final assessment will be recorded on ePort under the designated domains as well as in the free text sections.</li> <li>For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via ePort.</li> <li>The Clinical supervisor will seek feedback from both locations of this attachment</li> </ul>

## Section 7: Leave

<i>House officer</i>	<i>Community Provider and Waitemata DHB</i>
The House officer will apply for leave as soon as possible via the RMO leave kiosk. The RMO unit will coordinate with the Ara Poutama and ED services regarding leave requests. Where possible a minimum of 6 weeks notice is required	The Providers will ensure timely response to leave requests



## Section 8: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Total Rostered Hours	38.17	The service, together with RMO Support will be responsible for the preparation of any rosters
All other unrostered hours (To be confirmed by a run review)	TBC	
Total Hours per week	38.17	

Salary: The total hours of work on average per week for the rotation are outlined above. This will be paid as follows:

Average hours in ED per week = 18.92

Average hours in Auckland Prison per week = 19.25

0.5 of the FTE will be calculated as a category C to account for the portion of the run when working in ED. This will be paid on the shift roster scale

0.5 FTE – Category F when working at Auckland Prison to account for the portion of the run when working in Auckland Prison. This will be paid on the standard roster scale.