

# RUN DESCRIPTION

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Community Alcohol & Drug Services (CADS) and Auckland City Mission.
<b>PLACE OF WORK:</b>	0.5 CADS Medically Managed Withdrawal Unit (MMWU) Unit, at 'HomeGround', 140 Hobson Street, Auckland CBD  0.5 Mission Home Ground (Auckland City Mission) Calder Centre, 140 Hobson Street, Auckland CBD
<b>RESPONSIBLE TO:</b>	MMWU: Lead Clinician MMWU Calder Centre: Lead Clinician
<b>FUNCTIONAL RELATIONSHIPS:</b>	Medical, nursing and wider team at both MMWU and Calder Centre. Healthcare consumers, hospital and community-based healthcare workers and non-clinical staff. Professional relationships with the clinical and educational supervisor/s and networks, doctors, nurses, psychologists, consumer liaison, cultural support, counsellors, peer support and other specialists.
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by Waitemata DHB on secondment for the City Mission portion of the rotation.
<b>PRIMARY OBJECTIVE:</b>	Management of clients attending the community-based alcohol and other drug services outside the hospital setting, seeing clients in both inpatient and outpatient 'detox settings'. Understanding the interface between community providers and the wider healthcare network, as well as wider health, social and cultural contexts and influences on the provision of care, in a supportive and stimulating learning environment.  To contribute to the primary care/general practice health services provided by the Calder Centre within Homeground and outreach services. To develop an appreciation of delivering healthcare to hard to reach populations incl' barriers, successes, innovations and different spectrum of needs and solutions.
<b>RUN RECOGNITION:</b>	The clinical attachment offered by CADS and Auckland City Mission will provide the House Officer with experience in primary care, community mental health and, addictions, and an opportunity to gain experience in a unique community healthcare/general practice environment with access to DHB support.
<b>RUN PERIOD:</b>	3 months

## Background

**Community Alcohol and Drugs Service (CADS)** is a regional public addiction service serving Auckland-metropolitan based clients and whānau. With six main sites across Auckland, CADS sees 15,000 people per year. CADS also sees people in prison and probation services, schools, marae, mental health clinics and hospitals. The service is made up of many teams and services including a counselling/group- program service, opioid treatment service, inpatient and outpatient withdrawal-management services, pregnancy and parental service, and more. It is closely aligned with Maori and Pacific regional addiction counselling services. There are over 240 staff across the sites with a range of professional backgrounds including peer support specialists, doctors, psychologists, nurses, alcohol and drug counsellors and more. CADS provides free services to the community to assist people and their whānau to make changes to their alcohol and/or drug use.

**Auckland City Mission's Calder Centre at Mission HomeGround** is a very low-cost access (VLCA) general practice clinic within Auckland City Mission. Calder is one of the few primary health practices in New Zealand fully integrated with social services, which supports the care of the very high needs population, many of whom have complex healthcare needs including histories of trauma, sexual and domestic violence, mental health, addiction and challenging behaviours. Many people seen at Calder can't access healthcare anywhere else because they don't have a home address. Calder is a community practice with nurses and GPs with 3-45 walk-in and booked appointment patients per day. The patient demographic is different to hospital in-patient, the spectrum of disease and illness is different, their relationship with healthcare systems less trusting and there are significant levels of trauma-informed care required. There are both on site and outreach services provided as well as housing. The House Officer will participate in general practice care, preventative medicine and significant addictions and mental health needs. The Calder patients have a high prevalence of addictions and mental health problems along with the general population in the surrounding area to Homeground who have the usual spectrum of primary health care problems.

Mission Home Ground is a project that is based on The Common Ground Model for integrating services, successfully operating in USA, Australia and Canada. The project aims to bring together and build on the strengths of the Mission and WDHB, and ultimately create a new world-class withdrawal service for the Auckland region.

This clinical attachment with MMWU on the second level of Mission Home Ground, and the Calder Centre on the ground floor of Mission Home Ground is designed to support House Officers to gain appropriate exposure to working with patients in two settings - a medically managed withdrawal inpatient unit co-located with the City Mission in Auckland CBD, and the GP practice of Mission Home Ground.

This experience will equip the House Officer with both directly learnt and wider skills. They will learn skills in assessment, withdrawal management ('detox') of a range of substances, and an in-depth understanding of addiction and recovery concepts and community-based outpatient care. Given the prevalence of substance use disorder and addiction in the NZ population, these skills will be invaluable throughout the doctor's career. The wider lessons are experience in the community, liaising with other professional outside a hospital setting incl'. social workers, mental health nurses, the Ministry of Social Development, housing services, emergency food providers. These interactions are to help patients with complex, chronic problems and take a longitudinal perspective about health and well-being. The House Officer will develop their communication skills, as well as care for hard to reach populations. The rotation may also assist the House Officer to make an informed decision about a future career in primary or community health or in secondary care. This attachment offers the house officer firsthand experience of health disparities and inequities and the opportunity to consider a career that contributes to improving health and wellbeing for service users with substance use disorders.

The House Officer will have opportunity to spend time (training, supervision etc) with the House Officer doing a second House Officer run (0.5 MMWU and 0.5 CADS Outpatient Clinic at Pitman House). Peer and collegial support and discussion is an essential component.

The House Officer will be part of a multidisciplinary team in these two settings, working together to ensure that service users receive comprehensive and effective care appropriate to their needs and values. These needs may include elements within physical, psychological, social or spiritual domains.

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

The key lessons for training are:

- Family-centered care
- Primary medical care delivery
- Working in a multidisciplinary environment
- Providing patient centered care with a community focus
- Working outside hospital environment
- Providing healthcare to patients with reduced access
- Learning about healthcare interfaces: primary-secondary, within departments, across service providers
- Working with a different patient group (age/gender/ethnicity/socioeconomic) than encountered in WDHb hospital settings
- Considering structural barriers to care incl' financial, living situations

### Section 1: Clinical Attachment

- Training will occur at:
  - 1. CADS Medically Managed Withdrawal Unit, second floor of the Auckland City Mission building at Mission HomeGround, 140 Hobson Street, Auckland CBD
  - 2. Calder Centre, Auckland City Mission ground floor of the Auckland City Mission building, at Mission HomeGround, 140 Hobson Street, Auckland CBD
- House Officer learning is supervised to ensure it is objectives driven, targeted to House Officer learning needs and that there is application of the principles of cultural appropriateness to practice.
- 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 program*

<b>Objective:</b>	<b>Achieved by:</b>
To experience and participate in community-based primary and secondary care provision for people with substance use disorders	Clinical responsibilities within the CADS team
To take advantage of the community setting to appreciate service user context	Reflection incl' on ePort and with CS
To continue to acquire medical knowledge and expertise especially in the area regarding substance use disorders	Clinical responsibilities within the CADS team, discussion with clinical supervisors and wider team
Further develop a sense of responsibility to service user, staff, and community	Peer review, weekly clinical meeting at Calder
To further enhance interpersonal and communication skills	Interactions with patients and other staff; observed interactions and feedback from colleagues.
To further understanding of relevant cultures including Māori and Pacific	Interacting with patients and staff who identify as Maori and/or Pacifica; attending teaching/ courses as agreed with CS.

To develop collegial and peer relationships	Included in orientation to this program. Mentoring and support
To develop an understanding of barriers to health incl' cultural, financial, communication	Clinical responsibilities within the Calder team
To promote primary care as a viable and rewarding career option	Clinical responsibilities within the Calder team
To promote addiction medicine and psychiatry as a viable and rewarding career option	Quality of the experience, Mentoring and clinician feedback/discussion

## 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 members of the multidisciplinary team. 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 for interactions with other community services (NGOs, allied health, residential rehabilitation etc) to give the House Officer a broad understanding of community mental health and addiction services.

Training is on an apprenticeship basis, and much learning is by example. The examples set by the medical practitioners, nursing and other 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, as well as adoption of the WDHB four core values by HO and other staff: 'Better best brilliant', 'Everyone matters', 'With compassion', and 'Connected'

The learning opportunities will include:

- Assessment and diagnostic skills for a range of substance use disorders, including alcohol, methamphetamine, GHB etc
- Management of substance withdrawal and substance dependence
- The relationship between mental health, addiction and physical health issues.
- Motivational interviewing skills in the role of behavioural change
- The role of the involuntary treatment in substance use disorders, SACAT Act (Substance Addiction (Compulsory Assessment and Treatment) Act 2017)
- Recovery oriented systems of care – the role of recovery capital (personal, social and community resources) in a person's journey to recovery
- Understanding better (through working with) peer support specialist and cultural support roles in the team
- Working both sides of the inpatient-outpatient community addiction services by being involved in two teams
- Increased understanding of the impact of stigma and discrimination on people and healthcare
- Referral pathways into and out of a range of addiction and addiction-related services
- An improved understanding of trauma informed care and inclusive medicine
- Primary medical and social care delivery to disadvantaged patients
- Context of primary care integration with the wider health service
- Diagnostic and management skills for undifferentiated disorders in primary care patients
- Acute and chronic illness care for primary care patients
- Primary care teamwork
- Observation of continuity of primary care

Attendance at PGY2 protected teaching workshop days will be rostered by arrangement with RMO Support and the Medical Education & Training Unit (maximum 2 days in the 3-month attachment).

## Specific Training Requirements and Expected Outcomes

House Officers will gain meaningful experience of community mental health and addictions and be more aware of the community/hospital/NGO interface and interface between health professionals in and between the DHBs.

It is anticipated this position will be recognised as rewarding and careers in GP and/or psychiatry especially with hard to reach populations e.g. addiction medicine, people without housing, can be viable career options.

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 via NRA and PES structures. Feedback will be shared with CBA providers as appropriate.

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

- A range of substance use disorders, including specifically, intoxication, withdrawal, tolerance, physiological and psychological dependencies
- A range of mental and physical health conditions, often related to substance use disorder, including mood disorders, personality disorders
- The impacts of substance use disorders on physical, mental and social health (and vice versa)
- Assessment and management of people on involuntary treatment for their substance use disorder
- Working with people living with significant social disadvantage, inequities and backgrounds involving trauma and/or homelessness.
- Primary Health Conditions
- Chronic Health Conditions, especially those involving mental health, alcohol and other substance use disorder
- Provision of preventative healthcare e.g. STI screening and management in pts unwilling to identify themselves

## 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 CADS clinical supervision will be provided by vocationally registered addiction specialist doctors, psychiatrists, and addiction trainee senior registrars. At the Calder Centre clinical supervision will be provided by GPs and nurses and vary according to the service priorities. The House Officer will work directly with the clinical supervisors. Clinical supervisors will have responsibility for the House Officer's service users 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 their 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
- 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 with a named vocationally registered doctor; 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

### 1) Medically Managed Withdrawal Unit (second level Mission Home Ground)

#### General

House Officers will be responsible for the day to day management of service user, and to carry a caseload in consultation with their day/shift clinical supervisor (CS) (senior registrar or consultant). This will be smaller than the caseload carried by the team's registrar. For these service users the House Officer will:

- Complete assessment and/ or reviews of clinical problems,
- Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries, for patients under the care of the House Officer.
- Help arrange input from the wider clinical team.
- Arrange appropriate basic medical care and investigations in collaboration with the CS
- Liaise with the other services incl' hospital for referral and admissions
- Liaise with other community providers on release/discharge or as needed.
- Assist as necessary with any medical emergencies.
- Understand the philosophy and objectives of the service 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
- 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, and whanau where possible
- 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 meetings.

#### Administration

- 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.
- If absent due to unexpected circumstances (e.g. health, other reason), contact the MMWU and let both the Charge Nurse and your Clinical Supervisor know. If this absence will impact the after-hours roster, please also contact the Medical Coordinator for Mental Health Services.

### 2) Calder Centre, Auckland City Mission, Mission HomeGround

### General

House Officers will be responsible for the day to day primary care activities in the context of the Calder Centre and deliver usual general practice care consultation with their GP or nurse supervisor. For these primary care patients the House Officer will:

- Conduct primary care consultations with patients presenting with undifferentiated conditions,
- Manage acute presentations with appropriate urgent response level
- Manage chronic medical conditions (diabetes as an example) including screening for secondary conditions (eg retinal screening, foot checks for peripheral neuropathy), optimisation of medical care (use of newly available medications for diabetes), appropriate follow up (regularity of checks, bloods,
- Coordinate care for complex primary care patients
- Maintain adequate clinical records, and complete referrals for patients under the care of the House Officer.
- Liaise with the other services incl' hospital for referral and admissions
- Assist as necessary with any medical emergencies.
- Understand the philosophy and objectives of the service
- 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
- Maintain a high standard of communication with patients, and whanau where possible
- Maintain a high standard of communication with the multidisciplinary primary care teams throughout the Mission hospital and community health professionals and other staff.
- Attend scheduled meetings.

### Administration

- Maintain a satisfactory standard of documentation in the patient management System (PMS) of patients.
- Participate in research and audit as agreed with training supervisor.
- If absent due to unexpected circumstances (e.g. health, other reason), contact your CS at Calder center and let your Clinical Supervisor know.

## Section 3: Training and Education

Nature	Details
<b>Protected training time</b>	<p>Protected training time of two full days per attachment to attend PGY2 workshops at North Shore Hospital. This is in addition to any local teaching opportunities. Professional development of a House Officer's skills and knowledge will also occur during the run. The House Officer will attend the following teaching (unless attendance is required for acute admitting or a medical emergency):</p> <ul style="list-style-type: none"><li>• Attend CADS orientation week during the 3-month period (your CS will let you know when this will be)</li><li>• Attend the addiction continuing education (ACE) meeting on the third Thursday of each month at Pitman House 0830 – 1000. This is a mixture of journal club presentation, case presentation and topics relevant to addiction.</li><li>• Attend weekly teaching session on the MMWU (with the other house officer doing the other MMWU run) Wednesday 12pm on the MMWU with senior MMWU staff</li><li>• Attend weekly teaching session with other Waitemata psychiatry rotation House Officers virtually, on Tuesday mornings, 0830 – 0930</li></ul>

The House officer is expected to learn together with nursing, technical staff and other medical staff when requested.

## Section 4: Roster

### Hours of Work

The House Officers ordinary hours of work are 0800-1630, Monday – Friday. This includes a 30-minute unpaid lunch break that can be taken away from the service. There is a consultant or senior registrar present during these hours. The House Officer will work at MMWU on Mondays, Tuesdays and Wednesday afternoons. The House Officer will work at the Calder Centre on Wednesday mornings, Thursdays and Fridays.

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Am</b>	MMWU	0830 Virtual HO training MMWU	Calder Plus late morning or early afternoon teaching on MMWU re addiction	Calder (and once per month attend CADs Addiction education virtually (0830 – 0930))	Calder
<b>Pm</b>	MMWU	MMWU	MMWU	Calder	Calder

For reference only: Other House Officer (MMWU-Detox)

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Am</b>	<i>Pitman</i>	<i>0830 Virtual HO training Pitman</i>	<i>MMWU Plus late morning or early afternoon teaching on MMWU re addiction</i>	<i>MMWU (and once per month attend CADS Addiction education virtually 0830-0930)</i>	<i>MMWU</i>
<b>Pm</b>	<i>Pitman</i>	<i>Pitman</i>	<i>Pitman</i>	<i>MMWU</i>	<i>MMWU</i>

In addition, the House Officer will contribute to the WDHB psychiatry House Officer after hours roster. This includes

- Weekday long days 0800-1630 MMWU or Calder Centre and 1630-2300 acute admitting
- Weekend long days 0900-2300 acute admitting

House Officers are expected to be on site for their after-hour duties. These sites include Mason Clinic (Forensics), North Shore Hospital campus, and Waitakere Hospital campus. House Officers are rostered every alternate full weekend off duty. There are no night shifts expected in this rotation

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 care and admissions, administration related to patient care, multidisciplinary 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 service users' families, preparation of clinical reports are also within the remit of clinical work.

Non-clinical activities may include 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:

### Cover

There are two House Officers, half time each on the MMWU. Each House Officer has half of their time elsewhere (for this House Officer it is at Calder Centre). The House Officers are not required to cover for each other but may overlap at times for the purpose of teaching, support and supervision.

If the other house officer is away for an extended period, this house officer may elect to spend more time in the MMWU. Cover is not required for absence during the day (Monday – Friday 0800-1630). There is a supervising senior medical officer (Clinical Supervisor) on-site during all hours that the house officer is required to work.

The workload associated for medical cover for Psychiatric inpatient units is however for one House Officer. At times due to unexpected or short notice absence, after hours cover may reduce to minimum staffing levels of one House Officer per day. Where this occurs the cover for Liaison/ED and crisis teams will be removed from the House Officer role as shown below.

#### North Psychiatry HO Cover:

- KMU
- He Puna Waiora
- Liaison/ED (removed if only one HO is rostered to the long day)
- Crisis team (removed if only one HO is rostered to the long day)

#### West Psychiatry HO Cover:

- Mason Clinic
- Waiatarau
- Liaison/ED (removed if only one HO is rostered to the long day)
- Crisis team (removed if only one HO is rostered to the long day)

## 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>
<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 others in the service.</li> <li>• Submit their application for leave electronically through the RMO Leave Kiosk.</li> </ul>	<p>The Community Provider and DHB will:</p> <ul style="list-style-type: none"> <li>• Arrange cover for leave once WDHB have confirmed that the leave request has been approved.</li> <li>• Organise cover for any afterhours shifts</li> </ul>

## Section 8: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Total Rostered Hours	40	The service, together with RMO Support will be responsible for the preparation of any rosters
Rostered Additional Hours (inc. weekends & long days)	8.64	
All other unrostered hours To be confirmed by a Run Review	3.99	
Total Hours per week	52.63	

**Salary:** The salary for this attachment will be as detailed as a D run category.