

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Medical Centre/General Practice
PLACE OF WORK:	Local Doctors Mangere
RESPONSIBLE TO:	Clinical Supervisor for day-to-day supervision, clinical and training matters and Clinic Coordinator of Local Doctors Mangere for operational workplace matters.
FUNCTIONAL RELATIONSHIPS:	<ul style="list-style-type: none"> • Healthcare consumers and their whanau • Multidisciplinary clinical and non-clinical practice staff • Hospital based clinical and non-clinical staff • Community based clinical and non-clinical staff • Professional relationship with GP supervisor
EMPLOYMENT RELATIONSHIPS:	Employed by Counties Manukau District and on secondment for the duration of the clinical attachment
PRIMARY OBJECTIVE:	Involvement in the medical management of patients in a General Practice and the wider healthcare network, in a supportive and stimulating learning environment.
RUN RECOGNITION:	<p>The clinical attachment offered by The Local Doctors Mangere has been accredited by MCNZ as a Community Based Attachment.</p> <p>This run provides an opportunity to gain experience in a unique community healthcare environment within a supportive learning environment that will assist with meeting MCNZ requirements for a community experience.</p>
RUN PERIOD:	3 months

Background:

This clinical attachment is designed to provide House Officers with hands on experience and one-on-one teaching from a vocationally registered General Practitioner in a supportive and stimulating primary care environment. The generalist learning experience provides an excellent foundation for all vocational pathways.

The key concepts of General Practice that will be applied during the training will include:

- Patient-centred care
- The broad scope of general practice and and/or urgent care
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based practice within the constraints of the community

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 the 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.

Work Setting

Clinical training will include a range of relevant opportunities and will occur at 10 Waddon Place, Mangere

About the Practice

Local Doctors Mangere – Urgent care & General Practice Clinic provides urgent care for accidents and injuries and general practice services 7 days a week.

Local Doctors Mangere is a busy urban practice offering the full range of general practice and urgent care services to its 10,000 enrolled patients. The enrolled population is ethnically diverse, with 60% Pasifika, 20% Māori, 10% Indian, 5% European and 5% other. The practice has a strong teaching culture with several vocationally trained GPs along with a multidisciplinary model of care, including a Wellness Support Team which includes a Health Coach, Wellness Advisor and a visiting Psychiatrist. The high level of health need in the population served results in many learning opportunities for students and interns.

Section 1: Clinical Attachment

Training will occur at Local Doctors Mangere, 10 Waddon Place, Mangere. The practice is typically open from 8 am - 8 pm 7 days per week.

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 community environment.

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 provider, and the House Officer will comply with the practice's safety standards.

Objectives

Training Programme Objectives:	Achieved by:
To experience and participate in primary care within a general practice clinic.	<ul style="list-style-type: none">• Exposure to a highly functioning general practice environment
To promote General Practice as a viable and rewarding career option.	<ul style="list-style-type: none">• Quality of experience• Mentoring and clinician feedback/discussion• Working within a team
To appreciate patient context through exposure to general practice.	<ul style="list-style-type: none">• Supervisor and clinician feedback/discussion• Interactions with patients and whanau• Interactions with other health professionals
To continue to acquire medical knowledge and expertise and to develop new clinical skills	<ul style="list-style-type: none">• Training objectives• Exposure to the vast range of healthcare needs present in a generalist setting• Mentoring and clinician feedback/discussion• Exposure to primary care specific education and training
To develop a sense of responsibility to patients, staff and community	<ul style="list-style-type: none">• Participation in peer review• Exposure to practice culture and philosophy of care• Development of trusted relationships with
To develop appropriate interpersonal and communication skills	<ul style="list-style-type: none">• Customised input to meet the individual's specific needs.• Feedback from supervisor and peers• Exposure to primary care specific education and training

<p>To gain an understanding of relevant cultures including Maori, Pacific and Asian</p>	<ul style="list-style-type: none"> • Attending the Cultural Competencies in Health courses. • Completing CALD-1 e-learning. • Being exposed to the community of Counties Manukau District • Exposure to practice staff, culture and philosophy of care
<p>To develop collegial and peer associations and linkages</p>	<ul style="list-style-type: none"> • Included in orientation to this programme. • Mentoring and support. • Participation in GP peer review group • Attendance at GPEP1 education sessions

<p>Learning Environment</p>	<p>The clinical experience will be facilitated in a planned and managed learning environment, through interactions between the House Officer and patients at Local Doctors Mangere, as well as interactions with other health professionals.</p> <p>Learning needs will be met through regular sessions with the clinical supervisor, interactions with other clinical and non-clinical staff as well as in-practice education sessions. The run will provide a representative experience of primary care and an opportunity to observe and participate in interactions between general practice and hospital services, as well as with other community-based providers such as health navigators, kaiāwhina, midwives, allied health, district nursing and will create a positive learning opportunity within the community.</p> <p>Training is on an apprenticeship basis, and much learning is by example. The example set by the practice, GPs 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 a willingness to give and receive constructive feedback.</p> <p>It is a 'hands-on' placement where the House Officer will contribute to the work of the practice team and in return can grow and learn from the immersive experience. Supervision will ensure that learning is objectives-based, targeted to learning needs and that there is application of the principles of cultural appropriateness to practice.</p> <p>Learning will be facilitated through:</p> <ul style="list-style-type: none"> • Experience with a multi-cultural community • Interactions with patients and their whānau • Working within a highly functioning multi-disciplinary general practice team • Developing an appreciation of how care in community settings operates • Interactions with other health professionals both within the practice team and in the local area • Regular mentoring sessions with the GP supervisor or other experienced GP • Participation in education and training sessions, including peer group meetings
<p>Specific Training Requirements and Expected Outcomes:</p>	<p>During this attachment, the House Officer will be exposed to many different medical issues; urgent, emergent and elective. It is expected that the House Officer actively participates in all aspects of the practice offered.</p> <p>It is expected that the House Officer will experience the following clinical presentations during the attachment:</p> <ul style="list-style-type: none"> • Acute illness • Undifferentiated illness • Long Term Conditions • Prevention and health promotion • Self-management support • Social complexity

	<ul style="list-style-type: none"> • Care for the elderly • Obstetrics: early pregnancy through to post-natal care • Women's health • Child health • Mental health and addiction (acute and chronic) • Musculoskeletal (acute and chronic) <p>The House Officer will gain meaningful experience in general practice, become familiar with community-based services and better appreciate the interface issues between health professionals.</p>
Clinical Supervision	<p>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 the 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.</p> <p>An experienced Fellow of the College of General Practitioners will be allocated to the House Officer as their primary clinical 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.</p> <p>The House Officer will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the House Officer's patients and will:</p> <ul style="list-style-type: none"> • Create and maintain a suitable individual learning environment for the House Officer • Act as a mentor to the House Officer • Ensure that a wide range of opportunities for clinical skill development is available, appropriate to their 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 district which employs the House Officer via Health New Zealand – Te Whatu Ora Workforce Operations at the end of the placement • Arrange for an alternative supervisor to cover any periods of absence • Liaise with other day to day clinical supervisors for feedback to inform ePort recordings • Liaise with the Prevocational supervisor and/or Director of Clinical Training if and as needed.

Section 2: House Officer Responsibilities

Area	Responsibilities
General	<ul style="list-style-type: none"> • Understand the workplace policies and culture of the named General 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. • 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.

Area	Responsibilities
	<ul style="list-style-type: none"> 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 the training supervisor Provide a report of their experience to their employing district on completion of the placement. Copies of this report will also go to the host practice and Te Whatu Ora – Northern Region.
Clinical	<ul style="list-style-type: none"> To attend handover on all relevant rostered days Under the supervision of the primary GP clinical supervisor or delegate, to be responsible for the assessment and management of patients attending for care (whether in person, online or at home) in line with the service timeframes Undertake diagnostic and treatment procedures Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team Monitor and review management plans in accordance with changes in the clinical condition of patients To maintain an accurate and legible clinical record for each patient, including: <ul style="list-style-type: none"> History, examination, diagnosis, problem list and plan Update clinical records as often as indicated by the patient's condition. All entries recorded with the time and date, signature, name and contact details. To facilitate safe and efficient management of patients in the care of the GP service. This includes: <ul style="list-style-type: none"> maintaining timely reviews of patients, particularly post diagnostic tests documentation of comprehensive management plans communication with relevant family, whanau and colleagues liaison with other services as required inc. referral To keep the primary GP clinical supervisor informed about problems as they arise, especially when/if the patient is seriously ill, causing significant concern or if there is an unexpected event To participate in follow up related to hospital attendance or admission To co-ordinate patients care through liaison with other services in a timely manner

Section 3: Weekly Schedule

The House Officer's ordinary hours of work are 0800-1630, which includes a 30-minute unpaid lunch break that can be taken away from the community provider.

Appointment duration for the House Officer will initially be no shorter than 30 minutes to allow time for learning, reflection and clarification of plans with GP supervisor. Shortening of the appointment duration may occur in the second half of the run by agreement between the on-site supervisor, House Officer and Director of Clinical Training (or delegate).

During the attachment, the House Officer may be allocated to a range of clinical and non-clinical activities. These activities may include (but are not limited to):

Clinical Activities:	Non-Clinical Activities:
<ul style="list-style-type: none"> • Patient care includes assessment, diagnosis, investigation and management. • Clinical documentation and administration related to patient care. • Discussion of cases with other clinicians both ad-hoc and as part of multidisciplinary meetings • Review of investigations • Arranging acute admission to hospital • Referring to specialist advice and management, both private and public • Engagement with whanau and/or other carers • Clinical audit and quality assurance activities • Case conferences and reviews • Telephone and other ad hoc consultations, • Preparation of clinical reports. 	<ul style="list-style-type: none"> • Theoretical learning sessions • Teaching (including preparation time and preparation of educational resources) • Networking with colleagues • Supervision sessions • Practice administration • General reading or research • Planning meetings • Preparation of clinical resources • Visiting other community services for a broader understanding of the primary healthcare environment

Section 4: Cover and Leave

There is one House Officer on this run.

Cover for planned or unplanned leave is provided by the community provider.

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

Section 5: Training and Education:

Nature	Details
Protected Training Time	Protected training time of up to 4 hours per week will be allocated for CPE, professional self-development, medical learning and to attend teaching sessions with the training supervisor, and relevant teaching rounds.
	<ul style="list-style-type: none"> • The House Officer is expected to contribute to the education of nursing, technical staff and medical staff when requested, such as case presentations for learning purposes. • The House Officer will be able to participate in a quality improvement project of some kind. This might include (but not limited to): <ul style="list-style-type: none"> ○ An audit of clinical practice ○ A project that furthers the aspirations or goals of the practice ○ Involvement in Practice Teaching • Attendance at a PGY2 protected teaching workshop day will be rostered by arrangement with RMO Support and the Medical Education & Training Unit • Attendance at GPEP (General Practice Education Program) teaching sessions will be rostered by arrangement with RMO Support and the Medical Education & Training Unit (maximum six half-days in the 13-week attachment). • Local Doctors Mangere will provide in-house educational sessions in addition to mentoring and supervision from the primary GP clinical supervisor.

Section 7: Performance appraisal

House Officer	Community Provider
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the outset of the run meet 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 8: Hours and Salary Category

Average Working Hours	Service Commitments
<p>Basic hours (Mon-Fri) 40</p>	<p>The Service, together with the RMO Workforce Operations Team be responsible for the preparation of any rosters.</p>
<p>Rostered additional hours (inc. nights, weekends & long days) 0</p>	
<p>All other unrostered hours 2</p>	
<p>Total hours per week 42</p>	

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