

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Medical Centre/General Practice
PLACE OF WORK:	Lifeline Medical Centre Otahuhu
RESPONSIBLE TO:	Clinical Supervisor for day to day supervision, clinical and training matters and Practice Manager of Lifeline Medical Centre for operational workplace matters.
FUNCTIONAL RELATIONSHIPS:	• 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 Te Toka Tumai – Auckland 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:	The clinical attachment offered by Lifeline Medical Centre – Otahuhu has been accredited by MCNZ as a Community Based Attachment. 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.
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/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.

About the Practice

Lifeline Medical Centre is a very low cost access (VLAC) practice based in Otahuhu with almost 7000 enrolled patients of which 48% are Pacific and Maori patients. The practice is located in a new, purpose built facility with 20 consultation rooms. The practice offers a range of community services in one location including physiotherapy, minor procedures, skin clinics, womens health and more.

The wide range of services and enrolled population group make the practice a great education opportunity for House Officers.

Section 1: Clinical Attachment

Training will occur at Lifeline Medical, 230 Great South Road Otahuhu. The practice is typically open from 9am-6pm Monday – Friday and 10am-4pm Saturdays.

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 House Officers 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.	Exposure to a highly functioning general practice environment
To promote General Practice as a viable and rewarding career option.	- Quality of the experience - Mentoring and clinician feedback/discussion - Working within a team
To appreciate patient context through exposure to general practice.	- 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	- 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	- Participation in peer review - Exposure to practice culture and philosophy of care - Development of trusted relationships with patients and whānau
To develop appropriate interpersonal and communication skills	- Customised input to meet the individual's specific needs - Feedback from supervisor and peers - Exposure to primary care specific education and training
To gain an understanding of relevant cultures including Maori, Pacific and Asian	- Attending the Cultural Competencies in Health courses. - Completing CALD-1 e-learning. - Being exposed to the community of Te Toka Tumai district - Exposure to practice staff, culture and philosophy of care - Interactions with patients and whānau

To develop collegial and peer associations and linkages	• Included in orientation to this programme • Mentoring and support. • Participation in GP peer review group • Attendance at GPEP1 education sessions
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Learning Environment

The clinical experience will be facilitated in a planned and managed learning environment, through interactions between the House Officer and patients at Lifeline Medical, as well as interactions with other health professionals.

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.

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.

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.

Learning will be facilitated through:

- 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

Specific Training Requirements and Expected Outcomes:

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 practice offered.

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

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| • Acute illness | • Obstetrics: early pregnancy through to post-natal care |
| • Undifferentiated illness | • Women's health |
| • Long Term Conditions | • Child health |
| • Prevention and health promotion | • Care for the elderly |
| • Self management support | • Mental health and addiction (acute and chronic) |
| • Social complexity | • Musculoskeletal (acute and chronic) |

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.

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 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.

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.

The House Officer will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the House Officer's patients and will:

- Create and maintain a suitable individual learning environment for the House Officer
- Act as a mentor to the House Officer
- Ensure that a wide range of opportunities for clinical skill development is available
- Ensure that the House Officer has a level of supervision 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	• 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. • Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.
Administration	• Maintain a satisfactory standard of documentation in the files of patients. • 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	• 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

Area	Responsibilities
	• 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: ○ 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: ○ 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 House Officers 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 would only occur in the second half of the run by agreement between the on-site supervisor, House Officer and the 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 not limited to):

Clinical Activities:	Non-Clinical Activities:
• Patient care including 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 for 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.	• 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 and there is an experienced GP Physician available on-site during all hours that the House Officer is required to work.

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

House Officer	Community Provider and Te Toka Tumai District
The House Officer will: • Apply for leave as soon as possible; this leave will be covered by other GP's in the practice. • Submit their application for leave to the RMO Support for processing.	The Community Provider will; • Arrange cover for leave once Te Toka Tumai District has confirmed that the leave request has been approved.

Section 5: Training and Education:

Nature	Details
Protected Training Time	Protected training time of a minimum of 2 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. • The House Officer is expected to contribute to the education of nursing, technical staff and medical staff when requested such as case presentation 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): ○ An audit of clinical practice ○ A project that furthers the aspirations or goals of the practice ○ Involvement in Practice Teaching • Attendance at one PGY2 protected teaching workshop days 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 6 half-days in the 13 week attachment). • Lifeline Medical will provide in-house educational sessions in addition to mentoring and supervision from the primary GP clinical supervisor.

Section 6: Performance appraisal

House Officer	Community Provider
The House Officer will: - At the outset of the run meets with their designated supervisor to discuss goals and expectations for the run, review and assessment times. - After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.	The Community Provider will ensure: - 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 7: Hours and Salary Category

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

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

Total hours of work fall below the mid of the salary band therefore run will be remunerated as a category F until the unrostered hours can be confirmed by a run review.