



## **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Hato Hone St John Ambulance Service (HHSJ)
<b>PLACE OF WORK:</b>	HHSJ, Based out of Pitt Street and Mount Wellington Stations
<b>RESPONSIBLE TO:</b>	Hato Hone St John Deputy Clinical Director Specialist paramedics: Critical Care Paramedic (CCP) Specialist paramedic: Extended Care Paramedic (ECP) HHSJ Workforce Operations Manager (WOM) Attachment Clinical Supervisors
<b>FUNCTIONAL RELATIONSHIPS:</b>	Clinical and non-clinical staff of HHSJ plus patients, families and whanau referred to HHSJ and community and hospital based healthcare workers and services. The wider training and employment structure of HNZN Waitemata especially the Director of Clinical Training (DCT), Pre-vocational educational supervisor (PES), the run Clinical Supervisors (CS) and the RMO Unit.
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by Te Whatu Ora Waitemata District and on secondment for the duration of the clinical attachment
<b>PRIMARY OBJECTIVE:</b>	Involvement in the medical management of patients under the care of the Hato Hone St John Ambulance Service in a learning environment, primarily in the community and interface with secondary care.
<b>RUN RECOGNITION:</b>	The clinical attachment offered by HHSJ will provide the House Officer with experience in in a community setting and will meet MCNZ requirements for RMOs to experience community based attachments within prevocational training.
<b>RUN PERIOD:</b>	3 months

### **Background:**

This clinical attachment is designed to support House Officers to gain appropriate exposure in an integrated model of healthcare working in a community setting. Hato Hone St John is a community based service offering a wide variety of emergency, urgent, acute, planned and chronic care experience across many patients, clinical needs and diverse populations. This CBA experience may assist House Officers (HO) in making an informed decision about a future career in primary and secondary care settings, as well as a balance between acute and chronic care.

This attachment provides practical experience and teaching from senior registered specialist paramedics and the clinical directors of HHSJ, alongside the associated team in a supportive and stimulating environment.

The training will provide a good foundation of knowledge of community issues to all medical careers, as well as the wider skills of triage, prioritisation, teamwork, flexibility, access/ rurality/ travel to care, the spectrum of acute and chronic care, and the movement of patients along this scale. This should inform multiple career pathways especially General Practice, urgent care and other generalist specialities e.g emergency, rural,

general medicine, surgery and paediatrics. The HO will be part of a diverse, multidisciplinary team including paramedics, ambulance technicians, doctors, administrative staff and other healthcare professionals. The MDT work together to ensure patients receive timely care including transfers appropriate to their need(s). These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

Through this attachment, House Officers will see undifferentiated patients in the community who have engaged with the ambulance service and will present along a spectrum from low acuity complaints to high acuity, time-critical resuscitation. House Officers will work with Extended Care Paramedics (who have specialist skills in the low acuity spectrum of care) as well as Critical Care Paramedics (who have specialist skills in critical care), as well as other ambulance care providers, to care for a diverse range of patients with a diverse range of presentations in a diverse range of situations and locations across Auckland. The attachment provides an opportunity for consolidation of clinical skills that will serve the House Officer in future generalist scopes of practice by providing a wide range of practical and clinical experience.

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

- Patient- and whanau-centred care
- Triage and prioritisation
- Focused decision making in time-pressured environment
- Acute care experience
- Teamwork in a community environment
- Barriers and enablers to healthcare access, particularly themes of socioeconomic deprivation, health literacy, and equity
- Flexibility and responsiveness
- Healthcare within peoples home and communities

## Section 1: House Officer’s Responsibilities

Training will occur with Hato Hone St John, based out of Pitt Street and/or Mount Wellington Stations. The learning will take place in clinical and community settings across Auckland, and is shift work.

The general requirement for attachments is to ensure a range of relevant experience.

Supervision will ensure that House Officers’ learning is objective-based, targeted to House Officers’ learning needs, and that there is application of the principles of cultural appropriateness to practice.

The House Officer will be allocated time to review and become familiar with HHSJ’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 providers and House Officers will conform to the practice’s safety standards. The HO is under the supervision and direction of the Paramedic/s on shift with them.

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Responsibilities</b>	<ul style="list-style-type: none"> <li>• Responsible along with, and under the supervision of, the HHSJ Ambulance Crew the intern is assigned to, for the assessment, emergent treatment and stabilisation of patients. The HO will discuss with the Paramedic any problems relating to these patients.</li> <li>• All entries in the case notes will be accurately entered and checked.</li> <li>• Participate in the presentation of patients to the receiving service.</li> <li>• Develop and maintain a good working relationship with general practices and secondary services with regard to patient care, admissions, etc.</li> <li>• Liaise as required with other members of the multidisciplinary team to meet the needs of the patients.</li> <li>• Maintain the clinical record for each patient and oversee the institution of appropriate investigations.</li> </ul>
<b>Patient Care</b>	<ul style="list-style-type: none"> <li>• Maintain quality medical care required for patients.</li> <li>• Work with colleagues and all staff to provide assessment advice and treatment for patients within limits of competence.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Work with the HHSJ crew in the day to day clinical management of patients.</li> <li>• Respond promptly to concerns of patients and relatives about medical care and to act as their advocate when appropriate.</li> <li>• Take responsibility for ensuring patients, and where relevant relatives and support persons, receive adequate education and explanation about their illness and its management.</li> <li>• Take responsibility for maintaining the quality of patient records.</li> <li>• Behave in a manner which shows respect for the rights, different cultural backgrounds and needs of patients and their relatives or support persons.</li> <li>• Documentation will be detailed, accurate and timely, and will be checked and audited as required.</li> <li>• Liaise with HHSJ staff, medical staff, nursing staff and allied health professionals regarding the management of patients.</li> <li>• Clinical Records will be electronically entered into the HHSJ ePRF database and printed/copied as required for subsequent health services to enable ongoing care.</li> </ul>
<b>Training &amp; Education</b>	<p>Attendance at PGY2 protected teaching workshop days will be rostered by arrangement with RMO Unit and the Medical Education &amp; Training Unit (maximum 2 days in the 3 month attachment).</p> <p>The House Officer will be integrated into and attend training sessions while onsite, eg</p> <ol style="list-style-type: none"> <li>a) The Post Graduate Society's meeting</li> <li>b) The In-service Educational meeting</li> <li>c. St John Training/educational meetings</li> </ol> <p>Access to the St Johns ondemand learning portal to enable the HO to become familiar with the St John Clinical Procedures and Guidelines and know how to access information from these if required (these will be provided to the HO at the start of the attachment).</p> <p>The House Officer is expected to contribute to the education of paramedicine, nursing, technical staff and medical staff when requested e.g. case presentation for learning purposes.</p>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Exhibit a high standard of professional behaviour, including demonstrating reliability and accountability, timely and respectful clinical communication and documentation, effective team work, a commitment to continuing education and quality improvement, and an understanding of limitations and appropriate consultation/referral to more experienced/senior colleagues as needed.</li> <li>• Notify the HHSJ Ambulance Administrator well in advance of any planned absences, and as soon as possible for unplanned absences.</li> </ul>
<b>Cultural safety</b>	<ul style="list-style-type: none"> <li>• Reflect on how one's own views, values and biases impact on clinical interactions and patient care.</li> <li>• Demonstrate understanding of diverse socio-cultural realities, beliefs, values and practices, to ensure respectful interactions with patients and culturally relevant and responsive management plans.</li> <li>• Demonstrate knowledge and understanding of Te Tiriti o Waitangi and its application in health in terms of the articles and principles.</li> <li>• Apply a Treaty-based approach in all work practices.</li> <li>• Demonstrate a clear understanding of inequities in health for Māori and the factors that contribute to inequities.</li> <li>• Strengthen knowledge and confidence to address Māori health inequities.</li> </ul>
<b>Health and Safety</b>	<p>Apply Health and Safety knowledge and skills to all work practices to ensure compliance with the Health and Safety at Work Act 2015 and any subsequent amendments or replacement legislation:</p> <ul style="list-style-type: none"> <li>• Is familiar with all policies and procedures as they affect the work environment.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Ensure that safe working procedures are practised and no person is endangered through action or inaction.</li> <li>• Is aware of and can identify hazards and take action accordingly, including preventing or minimising the adverse effects of hazards.</li> <li>• Ensure that all incidents including near misses are reported within the required timeframe using the HHSJ and/or Waitemata District incident reporting system.</li> <li>• Actively participate in health and safety programmes, through input into meetings and feedback through committee structures as needed/ asked</li> </ul>

### **Learning Environment**

Training is on an apprenticeship model, and much learning is by example and experience through increasing participation. The example set by the Hato Hone St John paramedics and other staff strongly influences the quality of the learning experience. This requires both good role modelling by the clinical and shift supervisors and active participation by the HO, with constructive feedback given to the HO. It is essentially a 'hands-on' placement where the HO will contribute to the work of practice with HHSJ.

The learning opportunities will include:

- Patient and whanau centred care
- Triage and prioritisation
- Focused decision making in time-pressured environment
- Acute care experience
- Teamwork in a community environment
- Barriers and enablers to healthcare access, particularly themes of socioeconomic deprivation, health literacy, and equity
- Flexibility and responsiveness
- Healthcare within peoples home and communities
- Impact of funding on service provision
- Serving a diverse community: culture, gender, ethnicity, age, identity
- Managing acute presentations in a community setting

Supervision and guidance will be provided for clinical, communication, procedural and teamwork skills.

HHSJ is a large and experienced organisation with risk management strategies in place. The HO will abide by all HHSJ standard procedures and policies, and be under the support and direction of a paramedic when outside the base station.

### **Environment**

- HHSJ attends to patients across Auckland
- Work is done in the community from a base station/ location
- Transportation in HHSJ vehicle as routine aspect of role
- HO will work between the Pitt Street and Mount Wellington bases to ensure both CCP and ECP experience.

### **Clinical Supervision**

A vocationally registered doctor will be the attachment clinical supervisor, and available for ePort, support and debriefing. This will either be a St Johns Deputy Clinical Director or a Waitemata FACEM. Day to day supervision is delegated to the paramedic staff. The attachment is provided on the basis of two vocationally registered SMOs being able to contribute to run supervision as needed.

At PGY2 level HOs require a high degree of supervision and support. Clinical supervision will be provided by the Paramedic supervisors and associated clinical and administrative staff. 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, and will make regular and as needed reports to the Attachment Clinical Supervisors.

The House Officer will work with the clinical supervisors, and their delegates. All supervisors will:

- Create and maintain a suitable individual learning environment
- Act as a mentor as required
- Ensure that a wide range of opportunities for clinical skill development is available
- Ensure that the HO has a level of supervision appropriate to their needs.
- Provide guidance to the HO on the development of clinical strategies, and attainment of knowledge, and skills objectives.
- Provide guidance and advice to HO on the cultural appropriateness of care.
- Usually not have more than two HO under supervision at one time.
- Provide a report to the Clinical supervisors at the end of the placement, and earlier as required
- Arrange for an alternative supervisor to cover any periods of absence

### **Expected Outcomes**

- The HO will gain meaningful experience of integrated practice and community healthcare, and be more aware of the community provider/hospital interface, and interface between health professionals in the Waitemata District.
- The HO will gain both clinical knowledge and skills, and an understanding and appreciation of a different organisations frameowrks, priorities and work
- HO will have contributed to the work of HHSJ during their placement. HO will report on their experience to their employing district on completion of the placement and contribute to run feedback. Copies of this feedback will also go to HHSJ when sufficient data available to be anonymous (unless urgent need for earlier).
- It is anticipated these positions will be recognized as rewarding and that General Practice and Urgent Ca can be a viable career option.

## **Section 2: House Officer Responsibilities**

Area	Responsibilities
<b>General</b>	<ul style="list-style-type: none"> <li>• Understand the workplace policies and culture of HHSJ and set goals for practice within this framework</li> <li>• Work in a manner that demonstrates an awareness of and sensitivity to cultural safety and diversity, and its impact on health goals unique to each patient. This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi, and requires an understanding of the differing health needs of other cultural and ethnic groups</li> <li>• Work closely with members of the multidisciplinary team in provision of assessments for patients, at HHSJ.</li> <li>• Develop and implement management plans for patients in collaboration with the patient, family, whānau and members of the HHSJ multidisciplinary team</li> <li>• Undertake diagnostic and treatment procedures</li> <li>• Monitor and review management plans in accordance with changes in the clinical condition of patients</li> <li>• Maintain a high standard of communication with patients, patients' families and whānau</li> <li>• Maintain a high standard of communication with hospital and community health professionals and other staff.</li> <li>• Inform named supervisor of the status of patients especially if there is an unexpected event</li> <li>• Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.</li> </ul>

Area	Responsibilities
	<ul style="list-style-type: none"> <li>• Work under the supervision of specialist paramedic, and take urgent direction as required</li> </ul>
<b>Administration (written or electronic equivalent)</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name legibly recorded</li> <li>• Participate in research and audit as agreed with training supervisor</li> <li>• Contribute to feedback about their experience to their employing district on completion of the placement. Copies of this report will go to HHSJ</li> </ul>

### Section 3: Weekly Schedule

The roster for the service is a 24 hour/7 day a week shift-work, cyclical roster. The shifts are as follows:

- 2 x 10 sequential days shifts (usually from 6am–4pm, 7am–5pm, or 8am–6pm)
- 2 x 10-hour sequential night shifts (usually from 6pm–4am, 7pm–5am, or 8pm–6am)

This shift block is then followed by a 4 day rest period before repeating again.

The substance of work during the shifts is variable. The focus of shifts will be on clinical activities ie patient care, documentation, case conferences and reviews, preparation of reports. The opportunity for non-clinical activities will be a combination of scheduled PGY2 teaching days and HHSJ-led training activities, and informal time for reading, planning and time spent visiting other HHSJ teams for the broader understanding of this health care environment.

The day to day of shifts includes two 30minute breaks at the base station, and unscheduled downtime between jobs when reading, discussion and rest is possible.

On occasion, House Officers may be required to remain out on a call beyond the scheduled shift end. In such cases, the House Officer may either:

- Return directly to base at the end of the call, or
- Arrange transport home (e.g., Uber) and seek reimbursement for the cost.

### Section 4: Cover

There will be up to two HO on this run and they will always work under the supervision of a specialist paramedic outside the base station.

### Section 5: Leave

House Officer	Community Provider and HNZ Waitemata
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• Apply for leave both to HHSJ and RMO Unit as soon as possible, minimum 6 weeks in advance</li> <li>• Submit leave application to the RMO Unit</li> <li>• Leave cover will not be provided by Waitemata</li> <li>• Inform both HHSJ and Waitemata RMO Unit of all unplanned leave as soon as possible, and conform with standard SECA expectations.</li> </ul>	<p>The Community Provider will;</p> <ul style="list-style-type: none"> <li>• Arrange cover for leave if needed once Waitemata has confirmed that the leave request has been approved.</li> </ul>

## Section 6: Performance appraisal

<i>House Officer</i>	<i>Hato Hone St John and Waitemata</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• At the beginning of the run meet with their designated Clinical Supervisor to discuss goals and expectations for the run.</li> <li>• Meet with their designated Clinical Supervisor at the mid run (6-7weeks) and end of run to discuss progress, learning needs and goals and any remedial action required</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.</li> <li>• At end of run complete a feedback assessment of the run.</li> <li>• If a prevocational trainee, use ePort to record all meetings and assessments</li> <li>• Meet with their PES and/ or DCT as per usual prevocational process</li> </ul>	<p>The service will provide:</p> <ul style="list-style-type: none"> <li>• An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run.</li> <li>• An interim assessment report on the House Officer midway through the run, after discussion between the House Officer and the Clinical Supervisor responsible for supervision.</li> <li>• The opportunity to discuss any deficiencies identified during the attachment. The 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>• A final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer.</li> <li>• Use ePort to record all meetings and assessments if the House Officer is a prevocational trainee</li> <li>• Escalate any concerns to the CS, PES or DCT in a timely way</li> </ul>

## Section 7: Hours and Salary Category

Average Working Hours	Service Commitments
Rostered Hours 36.2	
Unrostered hours 2 To be confirmed by a run review	
Total hours per week 38.2	

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

The salary for this run is estimated to be a category E, however, as this is a shift roster it will be remunerated as a category C. The unrostered hours will be confirmed by a run review.