

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Tōtara Hospice
PLACE OF WORK:	Tōtara Hospice – 140 Charles Prevost Drive, Manurewa, Auckland 2105
RESPONSIBLE TO:	Palliative Care Medical team at Tōtara Hospice for day to day supervision, clinical and training matters, and the Lead Medical Officer of Tōtara Hospice for operational workplace matters.
FUNCTIONAL RELATIONSHIPS:	<p>Clinical and non-clinical staff of Tōtara Hospice, volunteers, patients, their families and whānau referred to Tōtara Hospice, community and hospital based healthcare workers and services.</p> <p>The broader training and employment structure of HNZ Counties Manukau, especially the Director of Clinical Training (DCT), Pre-vocational educational supervisor (PES), run Clinical Supervisors (CS) and the RMO Unit.</p>
EMPLOYMENT RELATIONSHIPS:	Employed by Counties Manukau District and on secondment for the duration of the clinical attachment
PRIMARY OBJECTIVE:	Learning about community based specialist palliative care through experience outside the hospital system, including involvement in the medical and holistic management of both community outpatients and inpatients for Tōtara Hospice within the wider community healthcare network.
RUN RECOGNITION:	The clinical attachment offered by Tōtara Hospice will provide the House Officer with experience in a community and inpatient setting and will meet MCNZ requirements for prevocational RMOs to experience community based attachments within prevocational training.
RUN PERIOD:	3 months

Background:

Tōtara Hospice delivers a comprehensive suite of services dedicated to supporting patients and their whānau, ensuring a cohesive and compassionate approach to care. Our offerings include community-based support, inpatient services, after-hours phone assistance, and the Te Puna Ora o Tōtara outpatient programmes. Through these services, patients and their families receive invaluable guidance in managing symptoms, preparing for the future, and navigating all aspects of their care journey. The Tōtara Hospice values of Whai wāhitanga (Inclusion), Aroha (Compassion), Manawaroatanga (Pride), Auahatanga (Innovation) and Ngaiotanga (Professionalism) are woven into all aspects of care.

Patients eligible for specialist palliative care include those with active, progressive, advanced disease for whom the prognosis is limited and whose focus of care is quality of life and who have a level of need that exceeds the resources of the primary health care team. Eligibility is based on need, not diagnosis, and patients with malignant and non-malignant diseases may be referred for palliative care.

Care is delivered at patients' homes and in the inpatient facilities. Tōtara Hospice has a 12bed inpatient unit offering acute specialist palliative care.

Services include medical and nursing care, counselling, social work, cultural and spiritual support, occupational therapy, day groups, training programmes and more to help people live every moment in whatever way is important to them.

Tōtara Hospice is partly funded by Health NZ– Counties Manukau and partly funded through community donations and fundraising. The daily reality of fundraising will enable learning about funding models of healthcare.

Section 1: House Officer’s Responsibilities

Training will occur at Tōtara Hospice - 140 Charles Prevost Drive, Manurewa and within patients' homes. House Officers will have the opportunity to visit patients in their homes or at the Tōtara Hub. All community visits will be conducted with another registered clinical practitioner – either a Palliative Medicine Specialist, one of the other doctors or nurses.

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 Tōtara Hospice 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 House Officer is under the supervision and direction of the Vocationally Registered Doctors working with them. This may be a Palliative Medicine Specialist or a GP with Special Interest in Palliative Medicine (GPSI), or a Lead Medical Officer.

Area	Responsibilities
General	<ul style="list-style-type: none"> • Understand the philosophy and objectives of Tōtara Hospice and set goals for practice within this framework. • Work in a manner that demonstrates an awareness of and sensitivity to individual patient and whānau needs. This includes cultural diversity and the impact that may have on health goals unique to that patient and whānau and will require an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi in addition to many other cultural groups including multiple Pacific and Asian cultures. • Work closely with members of the multidisciplinary team in provision of assessments and care plans for patients. • 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, patients’ families and whānau. • Maintain a high standard of communication with hospital and community health professionals and other staff. • Inform their supervisor of the status of patients especially if there is an unexpected event. • Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.
Inpatients	<ul style="list-style-type: none"> • Provide initial assessment and management plan for in-patients referred to the palliative care service.

Area	Responsibilities
	<ul style="list-style-type: none"> • Discuss new assessments, management plans and clinical problems with Palliative Care Consultant or GPSI responsible for clinical work that day. • Document assessment summaries and management plans in patients' clinical notes. • Ensure palliative care records including discharge summary are sent to community palliative care providers and the patient's GP on discharge of patient from the inpatient unit.
Outpatients	<ul style="list-style-type: none"> • All consultations with community patients or outpatients will be in close association with the Palliative Medicine Specialist responsible for the community team on that day • Any home visits will be done with the Specialist, GPSI/Medical Officer or Community Palliative Care Nurse in attendance. • Assess and develop management plans for patients referred for medical review. • Arrange and perform outpatient investigations and ensure appropriate follow-up. • Document assessment summaries and management plans. • Communicate with patient's GP and other relevant community services following the consultation.
Professionalism	<ul style="list-style-type: none"> • Exhibit a high standard of professional behaviour, including demonstrating reliability and accountability, timely and respectful clinical communication and documentation, effective teamwork, a commitment to continuing education and quality improvement, and an understanding of limitations and appropriate consultation/referral to more experienced/senior colleagues as needed. • Understand and demonstrate Tōtara Hospice's values. Notify the Tōtara Hospice staff and RMO Support Unit well in advance of any planned absences, and as soon as possible for unplanned absences.
Cultural safety	<ul style="list-style-type: none"> • Reflect on how one's own views, values and biases impact on clinical interactions and patient care. • Demonstrate understanding of diverse socio-cultural realities, beliefs, values and practices, to ensure respectful interactions with patients and culturally relevant and responsive management plans. • Demonstrate knowledge and understanding of Te Tiriti o Waitangi and its application in health in terms of the articles and principles. • Apply a Treaty-based approach in all work practices. • Demonstrate a clear understanding of inequities in health for Māori and the factors that contribute to inequities. • Strengthen knowledge and confidence to address Māori health inequities.
Health and Safety	<ul style="list-style-type: none"> • 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: • Is familiar with all policies and procedures as they affect the work environment. • Ensure that safe working procedures are practised, and no person is endangered through action or inaction. • Is aware of and can identify hazards and take action, accordingly, including preventing or minimising the adverse effects of hazards. • Ensure that all incidents including near misses are reported within the required timeframe using the Tōtara Hospice and/or Counties Manukau District incident reporting system. • Actively participate in health and safety programmes, through input into meetings and feedback through committee structures as needed/requested.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. • Participate in research and audit as agreed with the clinical training supervisor

Area	Responsibilities
	<ul style="list-style-type: none"> Contribute to feedback about their experience to their employing district on completion of the placement. Copies of this report will go to Tōtara Hospice.

Learning Environment

Training at Tōtara Hospice follows an apprenticeship model, where learning is by example and experience though increasing participation. The example set by Tōtara Hospice staff plays a pivotal role in shaping the quality of the learning experience. This approach relies on strong role modelling from clinical supervisors, supported by the active participation of the House Officer, with timely and constructive feedback given to the House Officer. The placement is essentially practical in nature, where the House Officer will contribute to the work Tōtara Hospice.

The learning opportunities will include:

- Patient and whānau centred care
- Teamwork in a community environment
- Concepts of death, dying and end of life care
- Barriers and enablers to healthcare access, particularly themes of socioeconomic deprivation, health literacy, and equity
- Flexibility and responsiveness
- Healthcare within people's homes and communities
- Impact of funding and fundraising on service provision
- Serving a diverse community: culture, gender, ethnicity, age, identity

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

Environment

- Tōtara Hospice covers a wide geographical area, including South and South-East Auckland.
- The House Officer will primarily work at the Tōtara Hospice Hub in Manurewa, however, they will also have the opportunity to conduct home/community visits. Any home/community visits will be undertaken with the SMO GPSI/Medical Officer or Community Palliative Care Nurse in attendance.
- The House Officer will adhere to all Tōtara policies and procedures, including the use of electronic clinical record and data systems

Clinical Supervision

A vocationally registered doctor will be the attachment clinical supervisor, and available for ePort, support and debriefing. The primary supervisor or an alternate delegated clinical supervisor will be available on site to the House Officer; there may be occasional times, and only by exception, when supervision is by phone. The attachment is provided on the basis of a minimum of two vocationally registered doctors being able to contribute to run supervision as needed.

At PGY2 level, House Officers require a high degree of supervision and support. Supervision will be provided by the Hospice team: doctors and associated clinical and administrative staff. The clinical 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 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 Officer on the cultural appropriateness of care.
- Assist the House Officer towards timely completion of ePort requirements including meetings and assessments
- Work with the DCT and PES as required

- Arrange for an alternative supervisor to cover any periods of absence

Expected Outcomes

- The House Officer will gain meaningful experience of community healthcare with a focus on palliative care and be more aware of the community provider/hospital interface, and interface between health professionals across the Counties Manukau District.
- The House Officer will gain both clinical knowledge and skills, and an understanding and appreciation of a different organisation’s frameworks, priorities, and work
- The House Officer will have contributed to the work of Tōtara Hospice during their placement. The House Officer 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 Tōtara Hospice when sufficient data available to be anonymous (unless urgent need for earlier).

It is anticipated this position will be recognized as rewarding and will enhance community career options for the House Officers.

Section 2: Weekly Schedule

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

Clinical work includes clinical review of inpatients, admitting and clerking patients, attending family and MDT meetings, involvement in discharge planning, discharge and other appropriate letters and patient summaries, case reviews and audit activities. There will be opportunity and expectation to accompany community team members on home visits.

In addition to activities shown in the weekly schedules (timetabling of which may be subject to change) the House Officer will be allocated to clinical activities and non-clinical activities.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	8:30 – MDT Community Clinical Work	8:30 – MDT Community Clinical Work 11:00 MDT IPU	7.30 Journal Club / Peer Review Meeting (fortnightly) 8:30 – MDT Community Clinical Work	8:30 – MDT Community Clinical Work 11:00 MDT IPU	8:30 – MDT Community Clinical Work
p.m.	Clinical work	Clinical work	Clinical Work	Clinical work	Clinical work

Section 3: Cover and Leave

There is one House Officer on this run, and there is a GPSI/Medical Officer or Palliative Medicine Specialist available on-site or via phone 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 Counties Manukau District
<p>The House Officer will:</p> <ul style="list-style-type: none"> • Apply for leave both to Tōtara Hospice and Counties Manukau RMO Unit as soon as possible, minimum 6 weeks in advance. • Submit leave applications to the Counties Manukau RMO Support Unit. • Notify both Tōtara Hospice and the Counties Manukau RMO Unit of any unplanned leave as soon as possible, ensuring compliance with standard Collective Agreement requirements. 	<p>The Community Provider will;</p> <ul style="list-style-type: none"> • Arrange cover for leave if needed once Counties Manukau RMO Unit has confirmed that the leave request has been approved. • The RMO Support Unit will liaise with the Community Provider for your leave approval.

Section 4: Training and Education:

Nature	Details
Protected Training Time	<p>Protected training time of one to two full days per attachment to attend PGY2 workshops at Counties Middlemore 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"> • Tōtara Hospice community MDT review meetings (Daily 8:30 am) • Tōtara Hospice MDT Inpatient Unit (11am Tue and Thu) • Joint Tōtara Hospice Middlemore Hospital Palliative Care Team Journal Club / Peer Review Meeting (three weekly Wed 7.30 am) • Specialist Hospices of Auckland Journal Club/Peer Review (Fortnightly, Wednesday 3 pm)
	<ul style="list-style-type: none"> • The House Officer is expected to learn together with nursing, allied health staff and other medical staff when requested. • The House Officer will receive an orientation to Tōtara Hospice which will include mandatory training, such as health & safety, cyber security, and other e-learning and in-person sessions.

Section 5: Performance appraisal

House Officer	Community Provider
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the beginning of the run meet with their designated Clinical Supervisor to discuss goals and expectations for the run. • Meet with their designated Clinical Supervisor at the mid run (6-7weeks) and end of run (week 12-13) to discuss progress, learning needs and goals and any remedial action required • After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. • At end of run complete a feedback assessment of the run. • If a prevocational trainee, use ePort to record all meetings and assessments • Meet with their PES and/ or DCT as per usual prevocational process 	<p>The community provider will:</p> <ul style="list-style-type: none"> • An initial meeting between the Clinical Supervisor and House Officer to discuss goals and expectations for the run. • 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. • 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. • 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. • Use ePort to record all meetings and assessments if the House Officer is a prevocational trainee • Liaise with and escalate any concerns to the CS, PES or DCT in a timely way

Section 6: Hours and Salary Category

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

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

As the salary falls below the middle of the salary band, this rotation will be paid as a category F until a run review confirms the unrostered hours.