

## **RUN DESCRIPTION**

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Rural General Practice
<b>PLACE OF WORK:</b>	Wellsford Medical Center. Coast to Coast Health Care Ltd 220 Rodney St Wellsford Waitemata PHO Practice.
<b>RESPONSIBLE TO:</b>	Clinical Supervisor.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers, Hospital and community based health care workers, Practice Manager, Practice Nurses and other Practice Staff.
<b>Employment Relationships:</b>	Employed by Waitemata DHB and on secondment for the duration of the clinical attachment.
<b>PRIMARY OBJECTIVE:</b>	Involvement in the medical management of patients at Coast to Coast Health Care Ltd based in Wellsford Medical Centre, Maungaturoto, Mangawhai and Snells Beach in a learning environment.
<b>RUN RECOGNITION:</b>	The clinical attachment offered by Coast to Coast Health Care will provide the House Officer with experience in a rural general practice setting and will assist with meeting MCNZ requirement for RMO community experience.
<b>RUN PERIOD:</b>	3 months

### **Background:**

This clinical attachment is designed to support House Officers to gain appropriate exposure to Rural Primary care and IFHC Model i.e. an integrated model of healthcare working across traditional inpatient /community boundaries

This attachment may assist the House Officer in making an informed decision about a future career in Primary Care or General Medicine.

This attachment will provide hands on experience and one to one teaching from an accredited GP teacher in a supportive and stimulating General Practice environment.

The training will provide a good foundation toward vocational pathways of both General Practice and General Medicine. Key to this is to expose the House Officer to a range of environments where new skills can be learnt to gain the basic competencies towards these vocations.

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 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.

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

- Patient-centred care
- The generalism of general practice and general medicine
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based medicine

## Section 1: Clinical Attachment

### Performance Measures

#### *Objectives of the training programme*

<b>Objective:</b>	<b>Achieved by:</b>
To experience and participate in general practice	Training Objectives
To promote general practice and general medicine as viable and rewarding careers option	Quality of the experience. Mentoring and clinician feedback/discussion
To take advantage of general practice settings to appreciate patient context	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise	Training Objectives
To develop a sense of responsibility to patients, staff, and community	Peer review
To develop appropriate interpersonal and communication skills	Customised input to meet specific need for individuals
To gain an understanding of relevant cultures including Maori and Pacific	In partnership with Te Ha Oranga, community iwi health provider, interprofessional learning and community health care including cultural competency training is completed. The house officer will be exposed to the community of Rodney and Eastern Kaipara which are all high need areas. Dep 5 and school decile 3 to 5.
To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support.

Learning will be facilitated through the creation of a planned and managed learning environment achieved through interactions between the House Officer and patients, interactions with other health professionals in the local area, and includes support and guidance to ensure that learning occurs, and that a representative experience is obtained. The run will provide the opportunity for attachment to other community provided services (allied health, district nursing etc.) to give the House Officer a broad understanding of primary health care.

### Learning Environment

- Training will occur in Coast to Coast Health Care Practices. The Wellsford Health Centre being the hub practice site. There are also three smaller clinics which have capacity to host a second student at Maungaturoto, Mangawhai, and Snells beach. There are linkages with allied health providers at each clinic and Te Ha Oranga the Maori Iwi based community Health provider. The

learning will take place in a variety of clinical and community settings within these clinics and our Rohe.

- Training is on an apprenticeship basis, and much learning is by example. The example set by the general practitioners, physicians 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 constructive feedback given to the House Officer. It is essentially a 'hands-on' placement where the House Officer will contribute to the work of the practice.
- Training will be aided by the use of technology such as video conferencing to ensure that the House Officers can be included in otherwise difficult to access expertise.

### **Clinical Placements**

- Clinical Placements at Wellsford Health Centre, Maungaturoto, Mangawhai and Snells Beach Medical centres.
- The general requirement for placements is to ensure a range of relevant experience.
- Supervision will ensure that House Officers' learning is objectives-based, targeted to House Officers' 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.

### **Specific Training Requirements**

During this attachment the following situations or cases will normally be expected to present in a general practice of which it is expected that the House Officer will experience at least 30% of these cases or situations during the course of the placement:

Diabetes	Transient ischaemic attacks due to carotid stenosis
Venous ulcer	Changing medication due to Pharmac initiatives
Lacerations	Thyrotoxicosis
Atrial Fibrillation	Osteoporosis
Stroke	Asthma
Temporal Arteritis	Haematemesis
Congestive Cardiac Failure	Hypercholesterolaemia
Atrial septal defect	Hypothyroidism
Osteomyelitis	Unstable angina
Myocardial infarction	Fractures
Epilepsy	Perforated ear drum
Bipolar depression	Middle ear grommet tubes
Deliberate self-harm	Injury to acromion-clavicular joint
Parkinson's disease	Migraine headaches
Dysmenorrhoea	Cervical smear
Oral contraception	Depression
Prostatism	Rheumatic valve disease
Hypertension	Infectious mononucleosis
Insomnia	Tonsillitis

Supervision and guidance will be provided for the following skills list:

- Small lesion removal
- Suturing
- Anterior nasal pack insertion
- Rhinoscopy

- Application of liquid nitrogen
- Auditory canal suction
- Bandaging a limb, Splinting, Moon boot application
- Blood glucose determination
- Diabetes Management for newly diagnosed diabetics
- Beating the Blues
- Smoking ABC
- Cervical smears
- 12 lead ECG, 24 hr ABPM, Spirometry, Audiometry
- IV cannulation and IV antibiotics via ACC & POAC Community Care
- Joint aspiration
- Metered dose inhaler technique, GASP, Asthma action plans
- Ophthalmic minor procedures
- Casting & extended limb Radiology
- Point of care urinalysis, INR, Blood count and Trop T, D dimer
- Proctoscopy
- Tympanometry
- Venous blood sampling
- Wound care
- Communication Skills, including CBT and motivational Interviewing for brief opportunistic interventions

#### Environment

- Triage, the co-ordination of urgent transfer and confronting fallibility in emergency situations
- Personal management skills
- Impacts of legislation
- Skills in the use of technology – Xray machines, reading films, ECGs, obstetric monitoring equipment. CTG and Obstetric care with LMC workforce
- Aspects of living in a multi-cultural community.
  - Maree visiting
  - School clinics
  - Rest home care

#### **Clinical Supervision**

An experienced Fellow of the College of General Practitioners will be allocated to each house officer as their primary supervisor rostered to work alongside them, and to be available on site where the house officer is required to work or be placed.

At PGY 2 level House Officers will 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 regular support/feedback and mentoring is offered.

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.

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 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 his/her 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

- Usually not have more than one House Officer under their supervision
- Provide a report to the DHB which employs the House Officer via the NRA at the end of the placement
- Arrange for alternative supervisor to cover any periods of absence

### **Expected Outcomes**

- House Officers will gain meaningful experience of integrated practice, and be more aware of the general practitioner/hospital interface, and interface between health professionals in the Waitemata DHB.
- House Officers will have contributed to the work of the general practice during their placement. House Officers will provide a report of their experience to their employing DHB on completion of the placement. Copies of this report will also go to the host practice and the Northern Regional Alliance (NRA).
- It is anticipated these positions will be recognised as rewarding and that general practice and general medicine can be viable career options.

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

<i>Area</i>	<i>Responsibilities</i>
<b>General</b>	<ul style="list-style-type: none"> <li>• Understand the philosophy and objectives of the named GP practice and set goals for practice within this framework</li> <li>• 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.</li> <li>• Work closely with members of the multidisciplinary team in provision of assessments for patients, at the named GP practice.</li> <li>• Develop, and implement management plans for patients in collaboration with the patient, family, whanau and other members of the 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 whanau</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>
<b>Administration</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>• Provide a report of their experience to their employing DHB on completion of the placement. Copies of this report will also go to the host practice and the Northern Regional Alliance (NRA).</li> </ul>

### Section 3: Weekly Schedule

The House Officer's ordinary hours of work on a Monday are 0900 – 1730 including a 30 minute un-paid lunch break which can be taken away from the community provider. Tuesday to Friday the House Officer's ordinary hours of work are 0800 – 1700 including a 1 hour un-paid lunch break which can be taken away from the community provider. There is a consultant/vocationally registered GP on site during the ordinary hours.

During the ordinary hours the house officer will be allocated to clinical activities, non-clinical activities and two hours per week of protected training time. Timetabling of session with the preceptor, clinical activities, non-clinical activities and protected training time may be subject to change. Clinical activities may include time consulting patients, reading letters relating to a patient's care, and writing patient referral letters, multi-disciplinary 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 patients' families, preparation of clinical reports.

Protected teaching is rostered twice a week on a Tuesday 4.00 – 5.00pm, and Thursday from 8.00-9.00am.

*\*\*\* In addition there is the option for the house officer to participate in the PRIME training and response within the Primary Health Care setting. Prime is the Primary Response in Medical Emergency and is working with St Johns in repose to 111 Calls. The principle is that medical care initiated within the first 10 minutes will impact on improved health outcomes. As the practice is situated an hour away by road to any hospital this has been in place for many years to support local paramedical workforce and volunteers.*

Non-clinical activities may include specific learning sessions, teaching(including preparation time), networking with colleagues at the practice, educational or personal supervision, service or practice administration, general reading or research, planning meetings, preparation of educational resources, preparation of clinical resources and time spent visiting other community services for the broader understanding of the primary health care environment.

### Section 4: Roster

Roster	
<b>Hours of Work</b>	
Ordinary Hours	0900 – 1730 on a Monday including a 30 minute un-paid lunch break. 0800 – 1700 Tuesday to Friday including a 1 hour un-paid lunch break.

## Section 5: Cover

Cover	
<ul style="list-style-type: none"><li>• There is one house officer on this run and there is an experienced GP available on-site during all hours that the house officer is required to work.</li><li>• The practice has four qualified teachers on staff and the ability to take up to two house officers. They can be placed at the clinics in Wellsford and also Mangawhai, Maungaturoto and Snells as a second.</li><li>• An experienced Fellow of the College of General Practitioners will be allocated to each house officer as their primary 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.</li><li>• Each clinic site has the facility for the house officer to have their own consulting room fully equipped with the tools to provide Primary Medical Care with the role of a General Practitioner and the support of the nursing and allied health team.</li><li>• Training in Medtech 32 will be provided as the PMS system for primary care and the clinical notes are shared within the practice group.</li></ul>	

## Section 6: Training and Education

Nature	Details
Protected Training Time	Protected training time of 2 hours per week will be allocated for CPE, professional self-development, medical learning and to attend teaching sessions with training supervisor, and relevant teaching rounds. This is rostered onto the Medtech template and a dedicated room is made available for this education.
The house officer is expected to contribute to the education of nursing, technical staff and medical staff when requested and will work within an interprofessional Rural General Practice Team	

## Section 7: Accommodation

Coast to Coast Health Care have free accommodation available to House Officers during the clinical attachment from Monday to Friday at their lodge located at 1 Monowai Street, Wellsford.

House Officers will be entitled to reimbursement of mileage from North Shore Hospital to Coast to Coast Health Care Wellsford, at the beginning of each week on a Monday and return on a Friday in accordance with the DHB RDA MECA / Employment Agreement.

## Section 8: 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 Community Provider 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 times, and one on one teaching time;</li> <li>A mid-run meeting and assessment report on the House Officer six <b>(6)</b> weeks into the run, after discussion between the House Officer and the Clinical Supervisor responsible for them;</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</li> <li>For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 9: 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 annual leave as soon as possible; this leave will be covered by other GP's in the practice.</li> <li>Submit their application for leave to the RMO Support for processing.</li> </ul>	<p>The Community Provider will;</p> <ul style="list-style-type: none"> <li>Arrange cover for leave once Waitemata DHB have confirmed that the leave request has been approved.</li> </ul>

## Section 10: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic Hours 40.00 (Mon-Fri)</p> <p>Rostered additional hours 0.00 (inc. nights, weekends &amp; long days)</p> <p>All other unrostered hours 4.26 (inc. travel time to Wellsford on Monday and return on a Friday)</p> <p>Total Hours per week 44.26</p>	<p>The Service together with the RMO Support Unit will be responsible for the preparation of any rosters</p>

**Salary:** This run will be remunerated at **Category F** on the RMO scale as per the DHB RDA MECA