Run Description

POSITION:	Brain Injury Rehabilitation House Officer
DEPARTMENT:	ABI Rehabilitation NZ
PLACE OF WORK:	ABI Rehabilitation, 180 Metcalfe Road, Ranui, Auckland
RESPONSIBLE TO:	Medical Director, ABI Rehabilitation Auckland
FUNCTIONAL RELATIONSHIPS:	Staff ABI Rehabilitation Auckland. Inpatients referred at ABI Rehabilitation Auckland Intensive Service Auckland City Hospital, ABI clinical and support staff
EMPLOYMENT RELATIONSHIPS:	Employed by Health New Zealand | Te Whatu Ora – Te Toka Tumai on secondment for the duration of the run
PRIMARY OBJECTIVE:	To provide initial and on-going medical management of patients in ABI Rehabilitation Auckland Intensive Services under supervision of the Medical Director (Specialist in Rehabilitation Medicine)
RUN RECOGNITION:	The position will provide experience in brain injury rehabilitation in a non-hospital setting and will assist with meeting MCNZ requirements for a community experience. This run is accredited by the MCNZ as a Community Based Attachment (CBA)
RUN PERIOD:	3 months

Background:

This community-based attachment will provide House Officers with the opportunity to work with specialist interdisciplinary teams. The ABI Rehabilitation team are passionate about quality, training, integrity, supporting the people who work here, innovation and delivering world-class neurorehabilitation to the clients referred by ACC, Health New Zealand | Te Whatu Ora, or the Ministry of Health.

ABI Rehabilitation New Zealand (ABI Rehabilitation) is a specialist rehabilitation service for adults with traumatic brain injury and stroke. This position is situated in the Auckland service (based in Ranui, West Auckland) where there is a 36-bed inpatient unit. ABI Rehabilitation manage the physical, psychological, social and cognitive consequences of traumatic and acquired brain injury, trauma, stroke, and other neurologic disorders.

Section 1: Clinical Attachment

Training will occur in the ABI Rehabilitation site located at 180 Metcalf Road, Ranui, Auckland. The facility is typically open from 0800 to 1700 Monday to Friday.

House Officer learning is supervised to ensure it is objectives driven, targeted to the House Officer's 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 community provider'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 provider's safety standards.

Training Programme Objectives

Objective:	Achieved by:
To experience and participate in the community-based attachment	• Exposure to a highly functioning community provider environment
To promote community rehabilitation medicine 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 the community rehabilitation setting	• 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 community setting • Mentoring and clinician feedback/discussion • Exposure to rehabilitation medicine 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 Māori and pacific.	• Attending the Cultural Competencies in Health courses. • Completing CALD-1 e-learning. • Being exposed to the Te Toka Tumai District Community • Exposure to staff within the community provider, 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.

Learning Environment

Learning will be facilitated in 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.

Training is on an apprenticeship basis, and much learning is by example. The example set by the community provider, supervisors 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 community provider 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 multicultural community
- Interactions with patients and their whānau

- Working within a highly functioning multi-diciplinary community provider team
- Developing an appreciation of how care in community settings operates
- Interactions with other health professionals both within the community provider team and in the local area
- Regular mentoring sessions with the supervisor or other experienced physicians
- 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 present in community rehabilitation. It is expected that the House Officer actively participates in all aspects offered by the provider.

It is expected that the House Officer will experience at least 30% of these cases or situations during the attachment;

- Diabetes
- Venous ulcer
- Cognitive impairment
- Atrial Fibrillation
- Stroke
- Pneumonia
- Congestive Cardiac Failure
- Dementia
- Osteomyelitis
- Orthostatic hypotension
- Seizures
- Spinal cord injuries
- Urinary dysfunction
- Electrolyte disturbances
- Return to driving
- Behavioral disturbances
- Urinary tract infection
- Hypertension
- Insomnia
- Spasticity
- Polypharmacy
- Heterotopic ossifications
- Deep Venous Thrombosis
- Osteoporosis
- Asthma
- Substance abuse
- Hydrocephalus
- Pain management
- Rotator cuff injuries
- Fractures
- Hearing impairment
- Concussion
- Headaches
- Diplopia and other visual disturbances
- Depression
- Falls
- Benign paroxysmal positional vertigo
- Return to work
- Pressure injuries

The House Officer will gain meaningful experience, 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 are 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 RACP College 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:

- 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

Key Accountabilities	*Deliverables*
General	• Understand the workplace policies and culture of ABI Rehabilitation 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. • Work closely with members of the multidisciplinary team in provision of assessments for patients, at the named community provider. • Maintain a high standard of communication with patients, patients' whānau, health professionals and other staff. • Attend scheduled multidisciplinary team review rounds, medical team, whānau and departmental meetings • Clinical skills, judgement, knowledge and a holistic goal centred approach to rehabilitation are expected to improve during the attachment. • Maintain/update census flow sheets of clinical data on a daily basis. • Ensuring continuity of care. If unable to complete duties, inform the Registrars and/or Consultants as soon as possible.
Clinical	• Develop and implement management plans for patients in collaboration with the patient, whānau and other members of the multidisciplinary team • Ensure that all assigned inpatients are reviewed and discussed with the interdisciplinary team including nursing staff, and any medical concerns escalated to the Registrars and/or Consultants. • Undertake diagnostic and treatment procedures appropriate to the subspecialty • Monitor and review management plans in accordance with changes in the clinical condition of patients • Inform named supervisor, Consultants and Registrars of the status of patients especially if there is an unexpected event • Participate in outpatient follow-up clinics as directed.
Administration	• 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 programs as agreed with the training supervisor

Section 3: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday 08:00 – 16:30. This includes a 30 minute un-paid lunch break which can be taken away from the community provider.

The weekly schedule is outlined in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	0830 - 0930 Handover meeting 1000 Multidisciplinary team meeting*	0800 – 0900 Handover meeting 1000 Multidisciplinary team meeting*/outpatient clinics	0800 – 0900 National telehealth teaching 0930 Formal ward round	0800 – 0900 Handover meeting 1000 Multidisciplinary team meeting*/outpatient clinics	Ward round with neuro-psychiatrist (monthly) 1000 Multidisciplinary team meeting*/ outpatient clinics
p.m.	1300 therapy team meeting Ward work	Ward work	Ward work	1230 therapy team in-service (monthly) Ward work	1230 Medical team meeting and teaching Self-directed learning

* Multidisciplinary team meetings and outpatient clinics take place on alternate weeks
Please be aware this timetable is orientative only and may be subject to change.

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

There is one House Officer on this run at any given time and up to 2 Rehabilitation Medicine advanced trainee Registrars may also be on-site at the same time. The presence of a Registrar will not compromise the experience and/or educational opportunities for the House Officer and is expected to enhance the training opportunity.

There are up to 2 Consultants (Specialists in Rehabilitation Medicine) available on-site during normal working hours.

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 CME, professional development, medical learning and to attend teaching sessions with the training supervisor. This may include time for attendance at the in-house education & peer group meeting, Grand Round at Auckland City Hospital, weekly case review and tutorial and self-directed learning
The House Officer may when requested, contribute to the education of nursing and other staff within the limits of their experience	

Section 6: Leave

House Officer	*Community Provider*
The House Officer will: • Apply for leave as soon as possible • Submit their application for leave to the RMO Support for processing	The Community Provider will; • Arrange cover for leave once the district has confirmed that the leave request has been approved. • Approved leave will be covered by the community provider

Section 7: Performance Appraisal

House Officer	*Community Provider*
The House Officer will: • 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; • 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. • Escalate any concerns to the PES (prevocational educational supervisor) or DCT (Director of clinical training) in a timely way

Section 8: Hours and Salary Category

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

Salary: The salary for this run will be an **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.