

## **RUN DESCRIPTION**

|                                  |   |
|----------------------------------|---|
| <b>POSITION:</b>                 | Community Infectious Diseases House Officer   |
| <b>DEPARTMENT:</b>               | Adult Infectious Diseases   |
| <b>PLACE OF WORK:</b>            | Te Toka Tumai Auckland City Hospital, Awanui Community Laboratory   |
| <b>RESPONSIBLE TO:</b>           | Service SMO for day to day supervision and clinical matters, assigned Clinical Supervisor for training matters and Service Clinical Director for operational workplace matters.   |
| <b>FUNCTIONAL RELATIONSHIPS:</b> | <ul style="list-style-type: none"> <li>• Healthcare consumers and their whanau</li> <li>• Multidisciplinary clinical and non-clinical staff</li> <li>• Hospital based clinical and non-clinical staff</li> <li>• Community based clinical and non-clinical staff</li> <li>• Professional relationship with SMO supervisor</li> </ul>                          |
| <b>EMPLOYMENT RELATIONSHIPS:</b> | Employed by Te Toka Tumai Auckland for the duration of the clinical attachment  |
| <b>PRIMARY OBJECTIVE:</b>        | Involvement in the medical management of Adult Infectious Diseases patients in the community setting, and in hospital prior to transition to the community, in a supportive and stimulating learning environment.   |
| <b>RUN RECOGNITION:</b>          | <p>The clinical attachment offered by Adult Infectious Diseases has been accredited by MCNZ as a Community Based Attachment.</p> <p>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.</p> |
| <b>RUN PERIOD:</b>               | 3 months  |

### **Background:**

This clinical attachment is designed to provide House Officers with hands on experience and one-on-one teaching from vocationally registered Infectious Diseases physicians, Infectious Diseases registrars, and senior nurses in a supportive and stimulating environment. The learning experience provides an excellent foundation for all vocational pathways.

The key concepts of community Infectious Disease care that will be applied during the training will include:

- Patient-centred care
- The transition between inpatient and outpatient care
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based practice
- Antimicrobial stewardship

The House Officer will gain significant experience in the management of complex infectious diseases and the complications of treatment. They will gain an appreciation for the degree to which specialised care can be provided in the community.

## **Work Setting**

Clinical training will include a range of relevant opportunities and will occur in the following setting(s):

- Te Toka Tumai Auckland City Hospital
- Community settings including patient homes
- Awanui Labs

## **About the Service**

The Adult Infectious Diseases team at Te Toka Tumai comprises of SMOs, registrars, pharmacists, an Outpatient Antimicrobial Therapy (OPAT) Team, and a Community HIV Team.

The team provide:

- Inpatient and outpatient care to general infectious disease patients in central Auckland;
- Inpatient and outpatient care to HIV patients across the Northern Region;
- Inpatient consultation support to a range of secondary and tertiary hospital services;
- Outpatient IV (and complex oral) antibiotics to a large number of patients discharged from the hospital under the OPAT team;
- Hospital-level community-based clinical support to patients with infection managed under the HiTH programme.

The team has a healthy work culture and is a positive and welcoming place to work.

## **Section 1: Clinical Attachment**

House Officer learning is supervised to ensure it is objectives driven and targeted to House Officer learning needs.

### **Objectives**

| <b>Training Programme Objectives:</b>   | <b>Achieved by:</b>   |
|---|---|
| To experience and participate in community care within a specialist service.              | <ul style="list-style-type: none"><li>• Exposure to a highly functioning community facing team</li></ul>  |
| To develop an enhanced understanding of infection management                              | <ul style="list-style-type: none"><li>• Quality of the experience</li><li>• Mentoring and clinician feedback/discussion</li><li>• Working within a team</li></ul>   |
| To appreciate patient context through exposure to community care.                         | <ul style="list-style-type: none"><li>• Supervisor and clinician feedback/discussion</li><li>• Interactions with patients and whānau</li><li>• Interactions with other health professionals</li></ul>   |
| To continue to acquire medical knowledge and expertise and to develop new clinical skills | <ul style="list-style-type: none"><li>• Training objectives</li><li>• Exposure to the vast range of healthcare needs present in a generalist setting</li><li>• Mentoring and clinician feedback/discussion</li><li>• Exposure to primary care specific education and training</li></ul>   |
| To develop a sense of responsibility to patients, staff and community                     | <ul style="list-style-type: none"><li>• Participation in peer review</li><li>• Exposure to practice culture and philosophy of care</li><li>• Development of trusted relationships with patients and whānau</li></ul>  |
| To develop appropriate interpersonal and communication skills                             | <ul style="list-style-type: none"><li>• Customised input to meet the individual's specific needs</li><li>• Feedback from supervisor and peers</li><li>• Exposure to primary care specific education and training</li></ul>  |
| To gain an understanding of relevant cultures including Maori, Pacific and Asian          | <ul style="list-style-type: none"><li>• Attending the Cultural Competencies in Health courses.</li><li>• Completing CALD-1 e-learning.</li><li>• Being exposed to the community of Te Toka Tumai</li><li>• Exposure to practice staff, culture and philosophy of care</li><li>• Interactions with patients and whānau</li></ul> |

### **Learning Environment**

The clinical experience will be facilitated in a planned and managed learning environment, through interactions between the House Officer and patients cared for by the Infectious Diseases (ID) team at Te Toka Tumai Auckland, 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 formal education sessions. The run will provide a broad experience of community facing ID care and an opportunity to observe and participate in interactions between ID, primary care, and other hospital services, as well as with other community-based providers such as district nursing, and will create a positive learning opportunity.

Training is on an apprenticeship basis, and much learning is by example. The example set by the SMOs, registrars, and other team members in the department 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 ID 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-disciplinary team
- Interactions with patients and their whānau
- Developing an appreciation of how care in community settings operates
- Interactions with other health professionals both within the ID team and other services
- Regular mentoring sessions with the clinical supervisor or other SMOs and registrars
- Participation in education and training sessions

#### **Specific Training Requirements and Expected Outcomes:**

During this attachment, the House Officer will be exposed to a range of patients with complicated infection issues. It is expected that the House Officer actively participates in all appropriate aspects of ID work.

It is expected that the House Officer will care for patients with the following infection presentations during the attachment:

- Osteomyelitis
- Prosthetic joint infection
- Infective endocarditis
- COVID-19
- Cellulitis
- HIV infection
- Liver abscess
- Renal abscess
- Complex gynaecological infection
- Diabetic foot infection

The House Officer will work within the following community facing teams based within the ID Department

- The Outpatient IV Antibiotic (OPAT) team
- The Community HIV Team (CHIVT)
- Hospital in the Home (HITH)

The House Officer will see patient on the hospital wards along with an ID SMO to prepare these patients for discharge to OPAT or HiTH, and will interact with these patients via telehealth, in the community and in the outpatient clinic as necessary.

#### **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 vocationally registered ID Physician 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 during normal working hours, and will be readily available over the phone when the House Officer is on call-back duties.

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 1: House Officer Responsibilities

| Area                  | Responsibilities  |
|-----------------------|---|
| <b>General</b>        | <ul style="list-style-type: none"> <li>• Understand Te Toka Tumai policies and values, 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>• 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>• 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 the training supervisor</li> <li>• Provide a report of their experience to their employing district on completion of the placement. Copies of this report will also go to the service and RMO Workforce Operations.</li> </ul>  |
| <b>Clinical</b>       | <ul style="list-style-type: none"> <li>• To attend handover on all relevant rostered days</li> <li>• Under the supervision of the ID SMO 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</li> <li>• Undertake diagnostic and treatment procedures</li> <li>• Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team</li> <li>• Monitor and review management plans in accordance with changes in the clinical condition of patients</li> <li>• To maintain an accurate and legible clinical record for each patient, including: <ul style="list-style-type: none"> <li>○ History, examination, diagnosis, problem list and plan</li> <li>○ Update clinical records as often as indicated by the patient's condition.</li> <li>○ All entries recorded with the time and date, signature, name and contact details.</li> </ul> </li> <li>• To facilitate safe and efficient management of patients in the care of the ID department</li> </ul> |

| Area | Responsibilities   |
|------|--|
|      | <p>and OPAT service. This includes:</p> <ul style="list-style-type: none"> <li>○ maintaining timely reviews of patients, particularly post diagnostic tests</li> <li>○ documentation of comprehensive management plans</li> <li>○ communication with relevant family, whanau and colleagues</li> <li>○ liaison with other services as required inc. referral</li> </ul> <ul style="list-style-type: none"> <li>● To keep the responsible SMO informed about problems as they arise, especially when/if the patient is seriously ill, causing significant concern or if there is an unexpected event</li> <li>● To participate in follow up related to hospital attendance or admission</li> <li>● To co-ordinate patients care through liaison with other services in a timely manner</li> </ul> |

## Section 2: Weekly Schedule

The House Officer's ordinary hours of work are 0800 to 1600. The House Officer will work 1 in 5 weekends with an SMO. Weekends will be rostered as both Saturday and Sunday shifts from 0800-1200 on site and on-call off site from 1200-2200. The 0800-1200 portion of the shift is included within the run category, however, House Officers will be able to claim call back for any call backs from 1200-2200.

|  | <b>Monday</b>   | <b>Tuesday</b>  | <b>Wednesday</b>  | <b>Thursday</b>  | <b>Friday</b>   |
|--|---|---|---|--|---|
| <b>a.m.</b>  | 0830 Journal Club<br><br>Clinical work*                   | 0830 pre-OPAT rounds (hospital)<br><br>1100 OPAT virtual rounds (community) | 0815-0900 HIV MDT<br><br>Clinical work*   | Clinical work*<br><br>1200 hospital grand round                              | 0830 pre-OPAT rounds (hospital)                           |
| <b>p.m.</b>  | 1230 HiTH virtual round (community)<br><br>Clinical work* | 1230 HiTH virtual round (community)<br><br>1400-1700 HO Teaching            | 1230 HiTH virtual round (community)<br><br>1300-1400 departmental meetings<br><br>1430-1530 radiology conference<br><br>1600-1700 CME | 1230 HiTH virtual round (community)<br><br>1300-1600 OPAT clinic (community) | 1230 HiTH virtual round (community)<br><br>Clinical work* |
| * Clinical work unless otherwise specified refers to a mixture of in-person and telehealth patient care and clinical administrative work, expected to be approximately 40% hospital based and 60% community based. |   |   |   |  |   |

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):

| <b>Clinical Activities:</b>   | <b>Non-Clinical Activities:</b>   |
|---|---|
| <ul style="list-style-type: none"> <li>● Participation in weekly OPAT virtual ward round meetings</li> <li>● Participation in daily Hospital in the Home (HiTH) virtual ward round meetings</li> <li>● Telehealth and other ad hoc contact with OPAT and HiTH community patients as required</li> <li>● Participation in OPAT outpatient clinic (depending on registrar cover)</li> <li>● Management of complex infection inpatients prior to discharge on OPAT, with support from SMO</li> <li>● Review of inpatients prior to discharge on ID-</li> </ul> | <ul style="list-style-type: none"> <li>● Theoretical learning sessions</li> <li>● Teaching (including preparation time and preparation of educational resources)</li> <li>● Networking with colleagues</li> <li>● Supervision sessions</li> <li>● General reading or research</li> <li>● Attending and participating in team meetings, including quality assurance meetings</li> <li>● Visiting other community services for a broader understanding of the community healthcare environment (this may include visits to the</li> </ul> |

|   |                                 |
|---|---------------------------------|
| <p>HiTH, with support from SMO</p> <ul style="list-style-type: none"> <li>• Participation in community HIV team including early review of new HIV diagnoses</li> <li>• Admission of ID patients to hospital</li> <li>• Weekend duties will include ward rounds (with SMO), bacteraemia patient review, management of ID inpatients, and new admissions</li> <li>• Patient care including assessment, diagnosis, investigation and management</li> <li>• Clinical documentation and administration related to patient care</li> <li>• Discussion of cases with other clinicians both ad-hoc and as part of multidisciplinary meetings</li> <li>• Review of investigations</li> <li>• Engagement with whanau and/or other carers</li> <li>• Clinical audit and quality assurance activities</li> <li>• Preparation of clinical reports.</li> <li>• Visits to OPAT patients at home with the district nursing team and to HIV patients with the Community HIV team.</li> </ul> | <p>microbiology laboratory)</p> |
|---|---------------------------------|

### Section 3: Cover and Leave

There is one House Officer on this run. There is an ID SMO available all hours that the House Officer is required to work. Usually this will be on site but on weekends they may be off site if the House Officer is called back late in the day.

Cover for planned or unplanned leave is provided internally within the service.

| House Officer  | Te Toka Tumai  |
|--|--|
| <p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• Apply for leave as soon as possible via the Regional RMO Leave Kiosk;</li> </ul> | <p>Te Toka Tumai will;</p> <ul style="list-style-type: none"> <li>• Arrange cover for leave once the District has confirmed that the leave request has been approved.</li> </ul> |

### Section 4: Training and Education:

| Nature   | Details   |
|--|---|
| <p>Protected Training Time</p>   | <p>Protected training time of up to 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.</p> |
| <ul style="list-style-type: none"> <li>• 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.</li> <li>• The House Officer will be able to participate in a quality improvement project of some kind. This might include (but not limited to): <ul style="list-style-type: none"> <li>○ An audit of clinical practice</li> <li>○ A project that furthers the aspirations or goals of the department</li> <li>○ Involvement in the departmental teaching programme</li> </ul> </li> <li>• Attendance at PGY2 protected teaching workshop days will be rostered by arrangement with RMO Support and the Medical Education &amp; Training Unit (maximum 3 days in the 13 week attachment).</li> </ul> |   |

## Section 5: Performance appraisal

| House Officer  | Te Toka Tumai   |
|--|---|
| <p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• At the outset of the run meets with their designated supervisor to discuss goals and expectations for the run, review and assessment times.</li> <li>• After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.</li> </ul> | <p>Te Toka Tumai 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-report.</li> </ul> |

## Section 6: Hours and Salary Category

| Average Working Hours  | Service Commitments   |    |   |                 |                            |     |                      |      |  |
|--|-----------------------|----|---|-----------------|----------------------------|-----|----------------------|------|--|
| <table> <tr> <td>Basic hours (Mon-Fri)</td> <td>40</td> </tr> <tr> <td>Rostered additional hours (inc. nights, weekends &amp; long days)</td> <td>1.8 + call back</td> </tr> <tr> <td>All other unrostered hours</td> <td>TBC</td> </tr> <tr> <td>Total hours per week</td> <td>41.8</td> </tr> </table> | Basic hours (Mon-Fri) | 40 | Rostered additional hours (inc. nights, weekends & long days) | 1.8 + call back | All other unrostered hours | TBC | Total hours per week | 41.8 | <p>The Service, together with the Health NZ workforce operations will be responsible for the preparation of any rosters.</p> |
| Basic hours (Mon-Fri)  | 40                    |    |   |                 |                            |     |                      |      |  |
| Rostered additional hours (inc. nights, weekends & long days)  | 1.8 + call back       |    |   |                 |                            |     |                      |      |  |
| All other unrostered hours   | TBC                   |    |   |                 |                            |     |                      |      |  |
| Total hours per week   | 41.8                  |    |   |                 |                            |     |                      |      |  |

**Salary:** The salary for this attachment will be as detailed as a F run category until the unrostered hours are confirmed by a run review.