Te Whare Whakakotahitanga Mo Te Hauora Taiwhenua

Orientation Pack

for

New Rural Practitioners and Their Families in New Zealand

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Centre for Rural Health
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ABOUT THE CENTRE

The Centre for Rural Health was established late 1994. It was funded (initially by the Southern Regional Health Authority, then the Health Funding Authority and finally by the Ministry of Health) for a series of projects to support rural health services and community involvement. The Centre was under the directorship of Martin London and Jean Ross from, respectively, rural general practitioner and rural nurse backgrounds. It was also known as the National Centre for Rural Health. The Centre closed in late 2002, with final publications being completed in 2003. The resources and reports created under the auspices of the Centre were uploaded mid 2003 to be available indefinitely.

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Thank you all for your enthusiasm and inspiration.

Orientation to Rural Practice

INTRODUCTION

"So you want to learn more about rural practice!"

Welcome to rural practice and to life in rural New Zealand!

What follows in this package is information intended to make your first few weeks and months more rewarding through introducing you to the features and some of the culture (in its widest sense) of rural communities, to some of the pitfalls when trying to provide health care to these communities and to special features of the locality you have chosen.

The first section covers some general ideas. It looks at the nature of rural communities and examines some professional, personal and family issues.

The second section consists of proforma style documents and maps for each rural practice to fill in with details of the practice and the locality.

Experience has shown that amongst all the enormous rewards of living and working in small communities there are some difficulties that gradually develop and begin to take the shine off your experience. These can lead to disappointment and sometimes sufficient disillusionment to move families to leave their rural lifestyle prematurely.

Given a bit of warning and orientation, maybe some of these problems can be avoided. The key issues centre on the creative tension that exists between integrating with the community and preserving a sense of your own identity and your own values and beliefs. There are also some tricks to minimising the stresses that come with long periods on call and the challenges of the many, sometimes conflicting roles rural health practitioners have to play.

This is not a definitive paper. It has been created through the contributions of many rural practitioners and there is plenty of scope to add to it or modify it.

Linda Brown
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RURAL COMMUNITIES

Integration

Adapting to a new culture is a two-way and evolutionary process that will probably require changes from both you and the community as you adjust to rural life. Ideally, adjustment and adaptation occur by the process of "acculturation" whereby you can become part of the rural community without discarding those traditions and values, which are important to you. The degree to which you wish to adapt will be your personal choice. As newcomers you have the chance to influence the evolutionary process of cultural change with the gradual and reciprocal acceptance of new values and behaviour between you and the community.

Involving yourself with the community can lead to growing levels of trust and the development of close and special relationships. Joining sports, drama or parent teacher groups helps integration and is a good way to meet people on neutral ground. As you take on a greater variety of roles this integration can also affect your objectivity in clinical practice and make you vulnerable to blurred boundaries and maybe exploitation.

Making friends and keeping clear boundaries

Closeness to the community can be one of the most rewarding aspects of rural practice. Many practitioners develop a great sense of belonging and support. Watch out though, for it is this same closeness that can lead to problems if not addressed with an understanding of the issues. Try to set clear boundaries with friends and acquaintances (and lets face it in rural communities most will fall into these categories) clarifying to them what is acceptable to you and your profession. Should you discuss these things in advance or when they first arise? It will depend on the situation, the person involved and your own style. It may seem less awkward to deal with things as they arise but for some issues and relationships it may be prudent to discuss the boundaries early.

You might be wise to take time and be circumspect in relationships as it is sometimes those with ulterior motives who may be first to court your friendship. When friendships are being established you may wish to jointly establish clear boundaries between social and professional contact. Remember, sooner or later the friends you make are likely to become your patients. This can cause problems if you have not set clear boundaries between professional and personal roles. Insisting on seeing all patients in a clinical setting and not, for example, in your own home will protect all parties It is crucial that you avoid 'kerbside consultations'; they can leave all parties vulnerable and are usually quite inappropriate.

Practitioners who come to rural areas without partners can be particularly vulnerable to loneliness as intimate relationships are difficult, some might say prohibitive, for rural practitioners in small communities. Steering a safe course for yourself and intimate friends can easily be misconstrued by either party or the community as a whole. No doubt, everyone will have an opinion! Your best course is to keep in close touch with a counsellor, mentor or supervisor, but it should be in a formal, not a casual relationship if matters of medical ethics are to be safely covered.

If providing health care to your friends offers challenges, what about the medical treatment of your family? Except in emergencies or for minor ailments rural practitioners may not have the objectivity needed to provide the best care to their own families. Family need confidential, impartial health care just as your patients do. In solo practice this may mean a family GP is some distance away. When clinical partners are available for consultation things may be easier but even so, sensitive issues, friendships and even animosities can still compromise impartial effective health care.

Getting the balance right

The three main roles in your life may well be your family, your work and your own self. It is easy to become absorbed or seduced by the job and attempt to become all things to all people. While your sense of identity as a practitioner can provide a great source of satisfaction, a balance is needed so it does not compromise your other roles and so you can retain your vitality.

It may help to discuss with your family the degree to which patients and the community should be allowed into your personal lives. All residents have the potential to become your patients at some stage in your practice and this may leave you feeling that you have no anonymity and that you are always on duty. Advising about appropriate time and place for consultations and out of hours arrangements can help. Routinely deferring non-urgent responses to calls until a number have accumulated can minimise disruption. A newsletter could help by providing the community with the necessary information about services and therefore protecting your precious time off.

Community awareness

The community can play their part by organising a welcoming meeting or function. This can help in forming your early support systems through which the community can help you and your family to settle into the new environment. This may also be a chance to educate the community about rural health care, as many are ignorant of rural health issues. It's a chance to clarify a few ground rules and 'start as you intend to carry on'.

Your relationship with the community will evolve. Good communication skills, sensitivity, true assertiveness and careful timing will all help. By assertiveness, we mean being on the one hand prepared to listen to the hopes and fears of other people and on the other feeling comfortable about saying "Yes." or "No." when you mean it. Sometimes buying time before committing yourself to the requests of others can help you come to decisions that recognise both your own and their needs and hopefully find 'win-win' solutions.

Rural communities can be conservative and may be demanding of key members. They may harbour high and sometimes unrealistic expectations of your behaviour and performance. Your failure to meet their expectations can stand out and families may have difficulty with the expected traditional rural values that may be at odds with their experience of urban family living. Rural communities *are* different to urban and denying the difference invites conflict. This is where being responsive to them and true to yourselves can be 'interesting'!

Living closely with communities brings a reality to patients' situations, which may discourage you from showing any signs of success or wealth and in fact may make asking for fees difficult if you are in private practice. This is compounded when you consider that the fees may be for services, which may be provided free in the city. Patients sometimes need to be tactfully reminded that, while you are aware of the inequities, you need to cover costs like any other business and that is still likely to be cheaper than a trip to a "free" facility.

Do remember that rural communities tend to be wary of change as from their experience change equates to a loss of services. Feuds are remembered for a long time so are best avoided but rural communities will show strength and solidarity in a crisis.

Confidentiality

In small rural communities blood or business relates most people. Total discretion and absolute confidentiality is required as the rural practitioner can be seen as the "carrier of every town secret".

It may be that you can't even include the news of a friend's pregnancy or hospitalisation in normal conversation as it could be assumed to have come from work. Confidential information, however, will often fail to remain so thanks to the grapevine outside the health practice. Regular affirmation of the confidentiality of your service and team helps to defend claims of any breaches.

One practical tip for assisting confidentiality in the family setting is to take work calls on a mobile phone so that privacy can be assured. It may be useful to have a second phone line installed so that the family do not have their social contact curtailed. This will also enable Internet use without fear of the phone line being tied. It would be sensible to keep the second line as a private line, which will help reduce interruption when you are not on call. "Call waiting" is another useful measure you may wish to consider installing, particularly when teenagers start networking!

PROFESSIONAL ISSUES

Extended practice

The nature of rural health and lack of some of the services readily available in urban areas often require practitioners to extend into the domains of other health and allied professionals. This variety of work can be a draw card for rural practice.

Rural practitioners are generalists but can't be expected to be experts at everything. It is tempting to have a go at something you may not have the necessary skill or experience to do, in order to save patients long and inconvenient/costly trips to town. Be aware of your professional abilities and limitations and the appropriate legislation. Don't hesitate to use the phone. It may be your enemy when on-call but it is your best friend when operating at the margins of your expertise. It is worth making the effort to arrange for yourself mentoring, clinical supervision or peer review sessions from which to draw support, advice and opportunity for reflecting on your clinical practice and personal challenges.

Teamwork

Rural primary health care revolves around teamwork. The many people you'll meet contributing to health care bring a diversity of skills. You'll find that acknowledging and sharing knowledge and expertise helps the motivation and morale of staff and volunteers and can improve the efficiency of the team with better patient outcomes. .

In rural areas many members of the team such as fire fighters and ambulance staff will be volunteers. Expertise may emerge from surprising sources with a wealth of experience and local knowledge. Nurses and receptionists are likely to be long time residents and a valuable resource to new practitioners. It is worth taking on board all the advice that is offered but ultimately you are accountable for your own practice. The downside to this "insider knowledge" could however be a resistance to change along with a "this is how we do it here" attitude. It is worthwhile to take your time, establish credibility and your place in the team before pushing change too hard.

The nature of rural health means that at times the wider community becomes part of the health team. This may include people such as the volunteer ambulance and fire personnel, victim support, school guidance counsellors, local health and support groups and visiting specialists and services. It could be the local garage proprietor who provides emergency transport as back up to the ambulance or the farmer who heads the community trust and lobbies regional and central government for local health issues. Rural practitioners can supply the knowledge base to these key people so that they can advocate for social and health services and respond to their own community

health needs. These community linkages can also be marshalled in times of personal, patient or community crises. For instance the hotel manager with his organisational and management skills could be the ideal person to manage operations of your health facility during a major emergency. The local garage often knows who is heading to town and could maybe give a lift to someone who has an urgent hospital appointment but doesn't require an ambulance.

Tourists

Tourist numbers are growing in many rural areas and caring for them requires an awareness of their special needs. Language and culture barriers, can make it difficult to obtain a medical, or accident history. You cannot be an expert on all cultures but it takes little effort to be cautious in order not to be offensive. You may pick up the extra clues by being sensitive and open, looking for the body language and the evident emotions. Ask simple questions and resort to diagrams or writing single words. Some cultures may indicate anatomical places of significance to their illness on a soft toy but not on their own body. Extra planning for their care may be needed especially if they are left stranded while the tour carries on.

Communication

We mentioned "true assertiveness" above. By this we mean a form of communication where everyone's needs are acknowledged and, as far as possible, met – win-win situations. Such communication involves listening to and appreciating the reality of others while communicating your own feelings and beliefs and maintaining your own rights. It helps if it is direct, honest and appropriate without infringing on another persons rights. It relates to interaction with individuals within your professional team as well as in the community and for that matter within your family!. If effective it can identify and deal with potential conflict before it gets complicated. Regular practice meetings and newsletters can help this communication.

Communication may also be the key to reducing professional isolation. This can be by way of discussions with a colleague, formal mentoring, peer group and continuing professional development. It can be face-to-face, via the telephone or Internet, with teleconferences or videoconferences.

It is definitely worth networking with other practitioners and their families to reduce isolation and get practical advice and personal support. It can also provide a basis for political lobbying. This can be achieved locally or found through the New Zealand Rural GP Network and related Spouse Network and the Rural Nurse National Network.

Continuing Professional Development (CPD), support and postgraduate education

CPD is particularly important for rural practitioners. If you are working in isolation from colleagues, it is easy to feel out of touch. The extra knowledge and skills and the relationships with colleagues that come with taking part in CPD or postgraduate education can do a lot for your competence, confidence and enjoyment in rural practice. Postgraduate education for rural doctors and nurses is available from various sources. The Christchurch School of Medicine, University of Otago in Christchurch offers a Certificate and Diploma in Health Sciences endorsed in Primary Rural Health Care. The Dunedin School of Medicine offers a Diploma in Rural Hospital Medicine. Some other sources of CPD are the Te Waipounamu Rural Health Unit in Dunedin, the Goodfellow unit based in Hamilton and the Northern Rural General Practice Consortium in Kawakawa. The RNZCGP and various IPAs provide some CPD with a rural focus and of course the drug companies are often happy to oblige.

Emergency care is an important part of rural health care and a PRIME course (Primary Response in Medical Emergencies) is recommended for rural practitioners who have an on call commitment as well as others who provide pre hospital emergency and trauma health care. Advanced Cardiac Life Support (ACLS) is considered to be fundamental to general practice and refresher courses are advised every 2-3 years.

Access to CPD for each region is covered in the personalised section of this package.

PERSONAL ISSUES

Many practitioners coming to rural areas bring with them a well-developed ethic of work and service. However, watch out for over-commitment to others. You may end up neglecting your own needs and losing your vitality and effectiveness. In the end, if it isn't fun most of the time you'll want out!

In some cases practitioners find themselves in rural practice by circumstance or through policy to provide a health service to under-provided areas. They may be there as a bond or a requirement of immigration, or they may be obligated to rural practice because of family ties or partner employment. This can impose added stresses to the job and extra effort may be needed from the practitioner and the support systems available to ensure life is enjoyable and sustainable.

Rural living has a powerful attraction but brings with it quite a few social demands. The challenge to communities, policy makers and practitioners is to maximise the benefits of rural practice and ensure that the drawbacks do not undermine the workforce or the health service delivery. Looking after yourself can help you maximise your experience. Ultimately you are responsible for your personal health and well being.

Self care

Here are a few ideas for taming the stresses of rural life and practice:

- discuss issues with a trusted work colleague or peer who can provide a non-judgemental listening ear and support.
- Use clinical or professional supervision
- Develop a mentor – someone with a wise head and some experience!
- Plan well ahead for adequate days off and annual leave.
- Make the most of your time off. You may find that a complete break by leaving the area is restorative.
- Set boundaries and priorities
- Network with peers
- Know and accept what is realistic for you
- Learn to say no.
- Have your own GP
- Keep out of court by recognising and responding to the true clinical imperatives and maybe ease up on responses for patients' conveniences.

BUT...
Burnout

When obligations to patients continually displace what you owe to your family or yourself, burnout looms. This is more likely to be a problem with sole practitioners or those with a heavy on call commitment. Plan your time off well with particular attention to personal recreation and

relationships. Plan holidays well in advance, partly to secure locums but also to get the good energy from the planning and anticipation. It also helps you to decline other commitments which threaten to conflict with booked time off.

Debrief

When significant events happen in the course of practice it is valuable to formally debrief. Debriefing most often occurs with your practice team (or your family for personal issues) or it can be done with a mentor or professional supervisor. It is an important tool to use when living and working so closely with patients.

Group debriefing is also a useful tool for examining issues and to bring a closure to any concerns or anxieties following a major incident.

FAMILY ISSUES

Most families of rural practitioners know the "goldfish" experience – the feeling of being watched and judged. It is easy to feel that traditional roles and standards of behaviour expected from the families of rural practitioners may be at odds with your own aspirations within today's society.

As the practitioner, you will have a clear role and immediately meet new people while your partner may at first feel isolated and be mourning the loss of friends and a career. Some may feel a loss of identity always being regarded as "the doctors wife" or the "nurse's partner" and may have difficulty finding their niche in the community, especially if they wish to do this within their own career development. Opportunity for employment or tertiary education in rural areas is often limited and there may be some hostility to a presumably high-income family seeking a second income, especially if unemployment is high in the area.

These 'spouse issues' are perhaps the most important factor in determining whether a family remains long-term in rural practice. Try to consider them from day 1 and get smart and a little bit selfish if you find that one of you is getting all the excitement and the other is endlessly waiting for his/her turn. This has been said under personal issues.

Children

You may need to be prepared for the culture shock, which your children can experience in moving to their new environment. They may have been separated from their usual friends and extended family at a time when their growing sense of identity is particularly important. They may also be at odds with a feeling of being treated as privileged or different. At the same time, their attempts to fit in with their new peers with new values may be seen as a rejection of the family or its values. Working with children to steer a course through on the one hand embracing new cultural values and behaviour while on the other preserving their own is as important for them as it is for you. The understanding of the issues and the degree and ease with which their parents get involved in rural life can help children feel comfortable about their identity within the new community.

Children may often feel that they are taking second place to the needs of others, especially if a parent is a sole practitioner. It is inevitable that promises will be broken when urgent calls and emergencies take priority. Family discussions and including the children in the early planning of time off may be helpful.

SUMMARY

The ease with which you and your family settle into a new community may depend on the effectiveness of your orientation and the support given by the community and the health team during the early days. Rural practice is not only a change of job but it may be a new way of life, which requires the development of a close relationship with the community.

If you are still at the stage of contemplating a move to a rural practice it would be a good idea for you and your family to visit the area, meet the people, discuss the benefits and joys of rural living and weigh them up against the perceived pitfalls. Are the pitfalls to rural practice and life minimised by the clean air, green pastures, contact with nature, recreational opportunities and safe environment?

Ultimately you and your family will find your own ways of adjusting to rural life and practice. Enjoy your rural experience, make the most of the opportunities and use this package as a guide to help minimise the boring and stressful bits.

This, however, is only the starting point and as you develop your own style of living and working in the community please add to this and make it a living resource. It will only continue to be useful or relevant if you and others contribute to its development.

PROFORMA

Orientation Tool
for
Rural Health Professionals

Welcome to the ……**Practice**

We hope your time in this practice is happy and rewarding.
We ask you to evaluate this orientation package and update and add to the contents on a regular basis.
In this way it will retain its value for future practitioners in this district.

An orientation tour of the district should be arranged as soon as possible, preferably before you start work

This should include:

- *A tour of the area by a member of the team or knowledgeable resident;*
- *An introduction to the Primary Health Team;*
- *An introduction to key people in the community;*
- *Identification of key locations and residents that can be used by the practitioner as a 'landmark' for callouts / emergencies (eg., "I know where Joe Bloggs' house is; can you give me directions from there?").*

Contents

Community Profile

Practice Profile

Community Profile

Brief History of Area

(Include record of recent significant events and how they have impacted on community eg. – floods, business closures, etc.)

Demographics

(May include: population, population trends, groupings, numbers, seasonal fluctuations, visitor numbers, tourist trends, specific groups within the community, youth and preschoolers and elderly numbers)

Socio-economic Profile

(Number unemployed, community service card holders, farmers, numbers employed, etc.)

Geographical Features

(including any access difficulties – areas that may become inaccessible due to flooding – areas only accessed by 4WD or helicopters)

Key Landmarks in the District

Industries & Employment

(*Farming, Tourism, Eco Tourism, Forestry, Fishing, High Risk Industries, Seasonal Industries, illicit industries)*

High Risk Activities

(eg. helisports, caving, mountaineering, skydiving, diving, drug abuse, white water rafting)

Weather Patterns

(eg. annual rainfall – wet/dry seasons – average temperatures, unusual features)

Key People in Community

(eg. local iwi, mayor, school principles, ministers, etc.)

Services Available & Contact Details

Mail: *(days, times and place for delivery, collection, etc.)*

Newspapers:

Shopping Facilities: *(hours open, etc.)*

Banking Facilities: *(ATMs, EFTPOS, etc.)*

Petrol/Service Stations:

Couriers:

Bus / Taxi services:

Local Carriers:

Air Services /Charter:

Pharmacies:

Dentists:

Accommodation:

Hotels / Restaurants and Dining Facilities:

Churches:

Pre School Facilities:

Schools:

Evening School Facilities:

Sports Clubs/ Recreation Facilities/Golf etc:

Cultural Clubs / Groups/Library etc:

Practice Profile

Practice Boundaries

The practice area is as follows *(eg. Hari Hari to the North…etc.):*

Maps of the area are located *(It is helpful to have bach owners and farms identified on local maps):*

Clinic / Surgery Hours

Weekdays:

Evenings:

Weekends:

Other:

(For solo doctor or nurse practices where there is no receptionist, it is advisable to clearly state when appointments are to be made to minimise interruptions to consultations, eg. appointments can be made between 8am and 9am or phone during the following hours for appointments…)

On Call Requirements / Cover

(eg, Frequency of call, what times on duty/off duty, back up, etc.)

Emergency Protocols

Local: *(eg. who responds to priority 1, 2 & 3 calls / PRIME calls? When are police/fire brigade called, etc.)*

Regional: *(eg. St John's Protocols for air evacuation, etc.)*

Psychiatric Emergencies:
(eg. Notify someone where you are going - don't go alone; go with police, ambulance officer, also useful backup – DAO; consider own safety first, etc.)

Safety Equipment is Located: *(Include what is available)*

Major Incident Plan is Located:

Last updated:

Key points are:

Local Civil Defence Office:

Civil Defence Plan is Located:

Last updated:

(Would be helpful to include a short up to date list here of people with 4WD tractors / vehicles / jet boats /rescue expertise / generators, as a ready reference for the use of practitioners for emergency/ urgent assistance / able to provide transport, etc.)

Emergency Funding is Available: *(eg. Mayoral Relief Fund, etc.)*

Nearest Fire Station is Located:

Usual response time is……hours / minutes (to surgery)

Nearest fire brigade with jaws of life and air bags is:

Usual response time is……hours / minutes (to surgery)

Nearest Ambulance is Located:

Usual response time is……hours / minutes (to surgery)

Nearest Hospital is:

Facilities available there: *(eg. Theatres, Obstetrics, Laboratory, etc.)*

It is located……kms from this district
It takes…… .hours/minutes by road to get there
It takes ……hours/minutes to get there by air

The Regional Hospital is: *(may be as above)*

Facilities Available: *(eg. Specialists, CAT scan, etc.)*

It is located*……..*kms from this district
It takes*…… .*hours/minutes by road to get there
It takes*……*hours/minutes to get there by air

The nearest rescue helicopter is based at:

It takes approximately*……*hours/minutes from the time the call is activated for this helicopter to arrive in district.

ALL AIR EVACUATIONS ARE CO-ORDINATED BY ST JOHN'S

Map of Clinic & Layout:

Last updated:

(It is helpful to include where emergency equip./fire extinguishers are located, etc.)

The Local Primary Health Care Team

(Individual Profiles – Photos – Qualifications – Philosophies: it may be a good idea to include these, especially where the orientation package, or parts of the package is going to be forwarded to the incoming practitioner prior to their arrival or used for recruitment purposes.)

GPs:

Nurses:

Practice Nurses

District Nurses

Public Health Nurses

Rural Nurse Specialists

Nurse Practitioners

Plunket / Tamariki Ora Nurses

Allied Health Workers:

Physiotherapists

Occupational Therapists

Counsellors

Maori Health Providers

Other

Specific Areas of Expertise & Specialities:
(eg., Obstetrics, Acupuncture, Counselling, Wound care, Palliative Care, X-ray, Plastering, etc.

Significant Others in Primary Team

(Include days and times available or convenient times to contact)

Community Mental Health Team:

Alcohol and Drug Services

Duly Authorised Officers

Community Workers

Social Workers

Ambulance Personnel: *(It is useful to include level of training – eg., ICO)*

Senior Officer *(local)*

Police Officers:

Volunteer Fire Service Personnel:

Chief Fire Officer

Victim Support: *(How to Contact)*

Pharmacists:

Others:

Communications

The Team Phone Numbers / Cell Phones / Pagers: *(if applicable)*

Emergency Cell Phone: *(State if coverage is available – where, etc.)*

The Fax Number is:

The Individual E-mail Addresses are:

The codes for diverting the phone for after hours are:

To Set the Answerphone:

(A sample message: *"You have reached …… If this is an Emergency call please hang up and Dial 111, otherwise please leave your name and number after the beep and …… will return your call as soon as possible. You are reminded to ring 111 if this is an emergency call.*)

To Retrieve Messages From the Phone:

Either:

or: Dial 083210 ***Follow the voice prompts***

The pin number is: ***Follow the voice prompts***

To Retrieve Messages from a Distant Phone:

Either:

or: Dial 083210 and press the * key
Enter the mail box number for the phone you wish to access

The mailbox for the phone is (3):

The pin number is: ***Follow the voice prompts***

Radio Telephone: *(If available – instructions for use)*

Phone Lists:
(Alphabetical lists are the easiest to use- remember to say where phone books are located)

*** Emergency Numbers**
Ambulance Control
Civil Defence
Police
Poisons Centre

*** Internal Extensions/Codes/Quick Dial**

*** Local Lists** *(some rural areas produce a local phone list or sheet)*

*** Regional Lists**

*** Visiting Primary Care**
Community Health
Maori Health etc
Social Work
Mental Health
Physiotherapy Services
Occupational Health
Occupational Therapists

*** Services at Secondary Level**
Radiography *(ultra sound, etc.)*
Laboratory
Hospital Specialists
Hospital Services
Pharmacy Services

*** Electricity Faults**

*** Drug Firms**

*** ACC**

*** WINZ**

*** CYPFA**

Computer System

The software used by this practice is:
(If you are unfamiliar with this system you will be given the appropriate training and assistance)

The computer passwords are stored in:

The computer help manual is located:

To contact the computer trouble-shooter/ supplier:

Supplies of computer consumables are stored: *(eg. discs, ink, paper, etc.)*

Equipment Held at Clinic

(eg. Autoclaves, Foetal Heart Monitor, Sphygs, Stethoscopes, X-Ray machines, Tymp, ECG machine, etc.)

Manuals for operation of equipment are found:

Equipment List:

Emergency Equipment:
(Who is responsible for checking and stocking kits/ equipment? - drugs/IV fluids, dressings, etc.)

The Equipment is Checked: *(eg. 1st Monday in month or every Monday, etc.)*

Emergency equipment at clinic/surgery is stored: *(include list of equipment, eg. Defibrillator, Pulse Oximeter, Oxygen Splints, etc.)*

Emergency equipment for work/call car:

PRIME Kit: *(If available – or Practice registered for PRIME)*
Consumables such as IV gear, bandages, etc. are supplied & replenished through St Johns by:

List of Contents of PRIME Kit:

List of routine emergency drugs carried: *(Alphabetical order and expiry dates are useful DDs, etc.)*

Administration

Practice Manager:

Receptionists:

Clinic Cleaners: *(Include the times the cleaners work)*

Practice Philosophy:

Practice/Clinical Guidelines:
(May have own practice/clinical guidelines/protocols that have been developed – either include here or state where they are to be found)

Organisational Issues:

Team Goals:

Previous Team Achievements:

Behavioural Issues:
(eg., Arranging to see non urgent out of hours patients at specific times to reduce interruptions to off duty time and family life)

Patient Notes & Data

ALL PATIENT NOTES AND DATA ARE ENTERED ON THE COMPUTER AT THE TIME OF CONSULTATION/CONTACT

Casual file storage:

Staff file storage:

Information required at each consultation is: *(Note - if prescriptions are computer or hand generated and if sent electronically or faxed, etc.)*

or:

All patient notes are hand written but the following data is entered on the computer at the time of consultation: *(Immunisations, ACC, Smear,s Recalls, GMs, etc.)*

or:

All patient files are hand written and manual returns and recalls are made in the patients' medical files and include:

Schedule of Patient Charges

Updated:

A Sample set out could be as follows:

A 3

J 3

HUHC

Return visits for same complaint other than routine visits:

A 1

J 1

HUHC

Return visits for same complaint other than routine visits:

Y 1 and Y3

Note: ***All children under 6 are treated free of charge***

Practice Nurse Charges:

ACC Charges:

House Call Charges:

Weekend & Out of Hours Charges:

Security Issues

(eg. Where keys are kept / key holders / security alarms and how to activate and de-activate / safe storage of drugs / safe practice / personal safety, etc.)

Practice Systems, eg:

Vaccine Handling:

Pharmacy Supplies (inc. Freight):

Equipment:

Lab. Specimens:

Other:

To set the security alarm before leaving the building:

To de-activate the security alarm before entering building:

The combination of the safe / the safe keys are known by/ held by:

The following are some security issues you may wish to consider:

- *The surgery/work car is to be kept locked at all times when unattended.*
- *It is advisable to lock the surgery when working late/alone in building.*
- *When making house/out of hours calls, ensure someone knows where you are. If your safety is an issue take someone with you.*