**Health Care Home**

**Primary Care Assistant/ Medical Centre Assistant**

**Training and induction workbook**

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Role of the Primary Care Assistant/ Medical Centre Assistant

Working under the direction and delegation of the regulated health professionals, the PCA contributes positively to the patient journey by providing administrative and clinical support to the general practice team through a range of delegated tasks.

**Principles of safe and effective practice**

At all times the PCA will:

 Work within your level of skill, responsibility and accountability and respond in a timely manner to meet individual’s needs.

 Ensure effective infection control at all times.

 Refer to colleagues for advice and information when you are unable to resolve issues around the valid consent and authorisation.

 If the individual is unable to give valid consent him/herself, the PCA will seek this appropriately from carer or legal guardian

 Respond promptly to requests and directions from the practitioner leading the clinical or therapeutic intervention.

 Collaborate effectively and proactively during actions that require close team working.

 Communicate required information to others clearly, accurately, appropriately and in a timely fashion.

 Maintain the confidentiality of information in accordance with the Privacy Act.

 Respect the dignity and privacy of individuals.

 Provide active support to enable individuals to maintain independence, participate and to manage their own lives.

 Respect and promote the views and wishes of individuals, key people and others.

 Assist and give appropriate support to enable individuals to understand and exercise their rights.

Primary Care Assistant/ Medical Centre Assistant Induction Workbook – Practice Staff Details

This check list is designed to assist with the induction of a new PCA to the role

|  |  |  |
| --- | --- | --- |
| **Name:** | **Date of Commencement:** | **Website:**  **www.itsmyhealth.co.nz** |
| **Practice Manager** | **GPs** | **Practice Nurses** |
| **PCA mentors** | **Receptionists** | **Administration Officer** |

Facilities Tour

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick** | **Facilities Tour** | **Date Completed** | **Signature(s)** |
|  | Physical tour of the area – consultation & patient rooms, treatment room, sluice room, linen cupboard, patient toilets, staff toilet, tea room, staff lockers, employee entrance, mail pick up |  |  |
|  | Introduction to co-workers, meet Mentors |  |  |
|  | Location of emergency equipment, fire exits/extinguishers, assembly point |  |  |

Admin and housekeeping, operation of equipment, and procedures/resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick** | **Admin & Housekeeping** | **Date Completed** | **Signature(s)** |
|  | Discuss with Practice Manager structure of the practice, range of services (on and off site), specialties etc. |  |  |
|  | Meetings to attend:  Practice Meetings  Reception Meetings |  |  |
|  | Reporting format, issues to whom |  |  |
|  | Job related amenities-uniform, appropriate dress standards, protective gear |  |  |
|  | Timesheets, pay weeks, applying for annual leave, applying for study leave |  |  |
| **Tick** | **Operation of Equipment & Procedures/Resources** | **Date Completed** | **Signature(s)** |
|  | Operation of office equipment-fax, phones, transferring calls, photocopying, internal mail |  |  |
|  | Use of computer, arrange sign in to Xcrania & Medtech, Passwords  Medtech computer training, Email address, MMH access |  |  |
|  | Discuss and become familiar with the use of appointment books, booking consultation types, task messaging |  |  |
|  | Correct disposal of waste & used linen-once training module completed |  |  |
|  | Operation of steriliser, infection control- once training module completed |  |  |
|  | Infection Control – isolation process-once training module completed |  |  |
|  | Ordering of stock, resources and responsibilities-once training module completed |  |  |

Meet with key personnel, Health and Safety

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick** | **Meet with Key Personnel** | **Date Completed** | **Signature(s)** |
|  | Practice Manager  Practice Nurses  Receptionists  Administration Officer  GPs |  |  |
|  | Contacting St John Ambulance for patient transfer |  |  |
| **Tick** | **Health & Safety** | **Date Completed** | **Signature(s)** |
|  | Health & Safety Policies related to the Medical Centre |  |  |
|  | Emergency plans, aware of procedures to follow in an emergency, Medtech assistance button (if used), extinguishers, location of fire exit |  |  |
|  | Hazards – identification of hazards in the workplace, overview of hazard identification process and reporting |  |  |
|  | Significant Events/Accident/incident, Harm Reduction policies procedures, Needle Stick Injury follow up, paperwork to complete, ACC |  |  |
|  | Infection Control policies and procedures |  |  |
|  | Emergency equipment/Ordering of supplies |  |  |

PCA Practice/Leadership

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick** | **PCA Practice/Leadership** | **Date Completed** | **Signature(s)** |
|  | Establish role boundaries with Mentors, Practice Manager and General Practitioners |  |  |
|  | Discuss with Mentors and /or Practice Nurse Treaty of Waitangi and relevance and responsibilities to practice |  |  |
|  | Maintain CPR Certificate |  |  |
|  | Be familiar with NCNZ Delegation and Direction/ Privacy Act |  |  |
|  | Ensure a positive teaching/supportive environment for new PCA colleagues |  |  |

Education

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick** | **Education** | **Date Completed** | **Signature(s)** |
|  | Ensure education/training records are accurate and maintained |  |  |
|  | Read practice policies, procedures, protocols related to PCA |  |  |
|  | Ensure competency related to any PCA procedure or process |  |  |

Itsmyhealth, Infection Control, stock management

| **Tasks** | **Date** | **PCA sign** | **PM or Nurse mentor signoff** | **Comments** |
| --- | --- | --- | --- | --- |
| **It’s My Health**  Self- registration  How to register patients  Activation process  Follow up & Documentation  *Practice Manager sign off:* |  |  | **PM-name and sign** |  |
| **Infection Control**  Training module completed  Hand hygiene  Standard precautions  Autoclave requirements  Sterilisation process  Management of clinical waste and sharps  Cleaning of beds/ equipment (list)  *Nurse sign off* |  |  | **Nurse name and sign** |  |
| **Stock ordering/restocking**  What (practice list identified)  Where  When  How  Rotation  How/where to record  *Nurse sign off* |  |  |  |  |

Control checks, huddle lead, updating visual display board

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monthly control checks**  What stock to check ( practice list)  Why  When  How  Where to record  *Nurse sign off* |  |  |  |  |
| **Huddle lead**  Expectations  *Nurse/ PM sign off* |  |  |  |  |
| **Update visual display board**  Log in for BPI obtained  Printing off required reports  Quality measures  MoC dashboard  *Nurse sign off* |  |  |  |  |

Documentation, rooming, collecting baseline data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documentation**  Why- Medico legal requirements  Where  What  How  *Nurse sign off* |  |  |  |  |
| **Rooming (if applicable)**  Concepts/expectations  (will include some of the tasks below)  *Nurse sign off* |  |  |  |  |
| **Collection of baseline data:**  Height  Weight  BP  Temperature  Body mass index (BMI)  Blood glucose finger prick  Handover to clinical staff  Documentation  *Nurse sign off* |  |  |  |  |

Urine testing, visual acuity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Urine testing**  Infection control principles  Equipment  Checking expiry dates  Collection process  Handover to clinical staff  Documentation  *Nurse sign off:* |  |  |  |  |
| **Visual acuity**  Driver license requirements  How  Where to record  *Nurse sign off* |  |  |  |  |

Routine ECG, Insurance reports

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ECGs- routine only**  Keeping safe- checks  Principles  Machine  Equipment  A&P -chest-lead placement  How to record  Where to store  Handover to clinical staff  Invoice/service code?  *Nurse sign off* |  |  |  |  |
| **Collation of Insurance Medical reports**  Principles  Types  Form (manual/electronic)  How  Where to find information  What information  GP sign off  Invoice/service code?  *Nurse sign off* |  |  |  |  |

Driver’s Licence Medical, Immigration Medical

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driver’s Licence Medical**  Regulations  Form  How to complete  What to record in PMS  Scan??  How to hand over to GP  Invoice/service code?  *Nurse sign off* |  |  |  |  |
| **Immigration Medical (work up prior to seeing GP)**  Specify tasks and process  Form completion  How to obtain test forms  Booking for GP  Documentation  Invoice/service code?  *Nurse/ PM sign off* |  |  |  |  |

Minor surgery, Spirometry

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Setup/Clean up Minor surgery**  Infection control principles  Equipment  Recording of sets used  Setting up  How to assist  Cleaning Up  *Nurse Sign Off:* |  |  |  |  |
| **Spirometry**  Training completed Certificate sighted and stored  Process  Storage  Handover to clinical staff  Documentation  Record numbers taken per month (maintaining competency)  Invoice/service code?  *Nurse sign off* |  |  |  |  |

Audiometry, test result follow up

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audiometry (if available)**  Training completed  Certificate sighted and stored  Process  Storage  Handover to clinical staff  Documentation  Record numbers taken per month (maintaining competency)  Invoice/service code?  *Nurse sign off* |  |  |  |  |
| **Liaising with patients re results/ follow up**  Agreement on types of follow up  Process outlined and documented  How  Documentation  Handover of any clinical information/required follow up- process and audit trail  *Nurse sign off* |  |  |  |  |

Scheduling appointments, recall, phlebotomy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scheduling follow up appointments with patients**  Process between PCA/clinician documented  How to do it  Documentation (audit trail)  *Nurse sign off* |  |  |  |  |
| **Recall management**  **(non PAC recalls)**  Process between PCA/clinician documented  How to do it  Documentation (audit trail)  *Nurse sign off* |  |  |  |  |
| **Phlebotomy**  Training completed  Certificate sighted and stored  Record numbers taken per month (maintaining competency)  Invoice/service code?  *Nurse sign off* |  |  |  |  |

Stop smoking support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training completed  Certificate sighted and stored  Process for service defined  Resources defined  Fee for service defined  Follow up process defined  Invoice/service code?  Liaison with clinical team  Documentation  *Nurse sign off?* |  |  |  |  |

Note:

There will be other practice activities not defined in this orientation, as well as activities listed, that you have chosen **not** to have your PCAs trained, directed and delegated to perform. This is an evolving document and needs to be practice specific.

Of note, there has been some wish to have PCAs apply dressings post a clinical assessment (some practices are already doing this following training, direction and delegation). If there are activities not listed that you wish to enquire about, please feel free to liaise with the workforce and education team or the Healthcare Home team.

**Signed off as completed**

**Preceptor: Signed: ………………………………………………………………………….. Date: ……………………………………….**

**Name: ………………………………………………………………………………………….,**

**PCA: Signed: …………………………………………………………………………………. Date: ……………………………………….**

**Name: ………………………………………………………………………………………….**

**Clinical Nurse Manager : Signed:………………………………………………………………… Date:…………………………………………… Name:…………………………………………………………………………………….**