**Health Care Home**

**Primary Care Assistant/ Medical Centre Assistant**

**Training and induction workbook**

Contents

[Role 3](#_Toc425847726)

[Induction Workbook – Practice Staff Details 4](#_Toc425847727)

[Facilities Tour 4](#_Toc425847728)

[Admin and housekeeping, operation of equipment, and procedures/resources 5](#_Toc425847729)

[Meet with key personnel, Health and Safety 6](#_Toc425847730)

PCA [Practice/Leadership 7](#_Toc425847731)

[Education 7](#_Toc425847732)

[Itsmyhealth, Infection Control, stock management 8](#_Toc425847733)

[Control checks, huddle lead, updating visual display board 9](#_Toc425847734)

[Documentation, rooming, collecting baseline data 10](#_Toc425847735)

[Urine testing, visual acuity 11](#_Toc425847736)

[Routine ECG, Insurance reports 12](#_Toc425847737)

[Drivers Licence Medical, Immigration Medical 13](#_Toc425847738)

[Minor surgery, Spirometry 14](#_Toc425847739)

[Audiometry, test result follow up 15](#_Toc425847740)

[Scheduling appointments, recall, phlebotomy 16](#_Toc425847741)

[Stop smoking support 17](#_Toc425847742)

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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 MeetingsReception 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, PasswordsMedtech 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 ManagerPractice NursesReceptionistsAdministration OfficerGPs |  |  |
|  | 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- registrationHow to register patientsActivation processFollow up & Documentation*Practice Manager sign off:* |  |  | **PM-name and sign** |  |
| **Infection Control**Training module completedHand hygieneStandard precautionsAutoclave requirementsSterilisation processManagement of clinical waste and sharpsCleaning of beds/ equipment (list)*Nurse sign off* |  |  | **Nurse name and sign** |  |
| **Stock ordering/restocking**What (practice list identified)WhereWhenHowRotationHow/where to record*Nurse sign off* |  |  |  |  |

Control checks, huddle lead, updating visual display board

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monthly control checks**What stock to check ( practice list)WhyWhenHowWhere to record*Nurse sign off* |  |  |  |  |
| **Huddle lead**Expectations*Nurse/ PM sign off* |  |  |  |  |
| **Update visual display board**Log in for BPI obtainedPrinting off required reportsQuality measuresMoC dashboard*Nurse sign off* |  |  |  |  |

Documentation, rooming, collecting baseline data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documentation**Why- Medico legal requirementsWhereWhatHow*Nurse sign off* |  |  |  |  |
| **Rooming (if applicable)**Concepts/expectations(will include some of the tasks below)*Nurse sign off* |  |  |  |  |
| **Collection of baseline data:**HeightWeightBPTemperatureBody mass index (BMI)Blood glucose finger prickHandover to clinical staffDocumentation*Nurse sign off* |  |  |  |  |

Urine testing, visual acuity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Urine testing**Infection control principlesEquipmentChecking expiry datesCollection processHandover to clinical staffDocumentation*Nurse sign off:* |  |  |  |  |
| **Visual acuity**Driver license requirementsHowWhere to record*Nurse sign off* |  |  |  |  |

Routine ECG, Insurance reports

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ECGs- routine only**Keeping safe- checksPrinciplesMachineEquipmentA&P -chest-lead placementHow to recordWhere to storeHandover to clinical staffInvoice/service code?*Nurse sign off* |  |  |  |  |
| **Collation of Insurance Medical reports**PrinciplesTypesForm (manual/electronic)HowWhere to find informationWhat informationGP sign offInvoice/service code?*Nurse sign off* |  |  |  |  |

Driver’s Licence Medical, Immigration Medical

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driver’s Licence Medical**RegulationsFormHow to completeWhat to record in PMSScan??How to hand over to GPInvoice/service code?*Nurse sign off* |  |  |  |  |
| **Immigration Medical (work up prior to seeing GP)**Specify tasks and processForm completionHow to obtain test formsBooking for GPDocumentationInvoice/service code?*Nurse/ PM sign off* |  |  |  |  |

Minor surgery, Spirometry

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Setup/Clean up Minor surgery**Infection control principlesEquipmentRecording of sets usedSetting upHow to assistCleaning Up*Nurse Sign Off:* |  |  |  |  |
| **Spirometry**Training completedCertificate sighted and storedProcessStorageHandover to clinical staffDocumentationRecord numbers taken per month (maintaining competency)Invoice/service code?*Nurse sign off* |  |  |  |  |

Audiometry, test result follow up

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audiometry (if available)**Training completedCertificate sighted and storedProcessStorageHandover to clinical staffDocumentationRecord numbers taken per month (maintaining competency)Invoice/service code?*Nurse sign off* |  |  |  |  |
| **Liaising with patients re results/ follow up**Agreement on types of follow upProcess outlined and documentedHowDocumentationHandover 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 documentedHow to do itDocumentation (audit trail)*Nurse sign off* |  |  |  |  |
| **Recall management****(non PAC recalls)**Process between PCA/clinician documentedHow to do itDocumentation (audit trail)*Nurse sign off* |  |  |  |  |
| **Phlebotomy**Training completedCertificate sighted and storedRecord numbers taken per month (maintaining competency)Invoice/service code?*Nurse sign off* |  |  |  |  |

Stop smoking support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training completedCertificate sighted and storedProcess for service definedResources definedFee for service definedFollow up process definedInvoice/service code?Liaison with clinical teamDocumentation*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:…………………………………………………………………………………….**