Run Description

POSITION:	House Officer
DEPARTMENT:	Tupu Ora Community Team
PLACE OF WORK:	Greenlane Clinical Centre Bldg. 14
RESPONSIBLE TO:	Clinical Supervisor and Clinical Team Leader of Tupu Ora for all clinical and training matters
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, community based health care workers and non-clinical staff. Professional relationships with the clinical supervisor and other specialists
EMPLOYMENT RELATIONSHIPS:	Employed by ADHB and on secondment for the duration of the clinical attachment
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at Tupu Ora Community Team in a learning environment
RUN RECOGNITION:	The clinical attachment offered by Tupu Ora Community Team will provide the House Officer with experience in care in a non-hospital setting and will assist with meeting MCNZ requirement for RMO community experience
RUN PERIOD:	3 months

Background:

Tupu Ora Community Team is an ADHB service providing specialist treatment to people with moderate to severe eating disorders of all ages.

Tupu Ora provides tertiary level eating disorders treatment and consultation liaison to the upper North Island on referral from Community Mental Health teams (Adult or Child and Adolescent). Clients are predominantly from the Auckland Metro area. For the metro group secondary care is provided for ADHB adult clients. Children and Adolescents receive care at Tupu Ora for eating disorders that have not responded to treatment at the Secondary care level or required Starship re-feeding.

Diagnoses treated at Tupu Ora include principally Anorexia Nervosa but also Bulimia Nervosa, ARFID (Avoidant Restricting Food Ontake Disorder) and EDNOS (Eating Disorder Not otherwise specified)

The service consists of separate Adult and Child and Adolescent teams. The teams are multidisciplinary and includes Psychiatry, Psychology, Psycho-therapy, Dietetics, Occupational Therapy, social work and General Practitioners.

Multiple evidence based interventions are employed and there are intensive options of day programme or residential treatment at a nine bed unit within the community with a skilled nursing team.

Clients often present high medical risk and close monitoring and knowledge of risk markers and treatment is needed. Intermittent medical admissions for medical stabilisation are not infrequent, at times necessitating use of the Mental Health Act.

Family involvement in treatment is routine and can be extensive in the younger group.

Liaison with General Practice, Starship and Adult medical units is close.

The multidisciplinary team works together to ensure that patients receive comprehensive care appropriate to their needs. These needs may include elements within physical (tinana), psychological (hinengaro), social (whānau) or spiritual (wairua) domains.

The house officer will have available close supervision and teaching in the medical aspects of eating disorder by a team of on site Vocationally trained General Practitioners and in addition supervision and training by senior psychiatrists with skill in both adult and child and adolescent psychiatry. The house officer will also be able to learn and experience multiple psychological approaches to eating disorders from the multi disciplinary team.

There will be opportunities to assist or learn in nearby services in the service group, including Hapai Ora(Early intervention for psychosis), Aronui Ora (Maternal mental health) Kari Centre (Child and Adolescent Mental Health.

Objectives of the training programme

Objective:	**Achieved by:**
To experience and participate in community psychiatry.	Training Objectives
To promote psychiatry as a viable and rewarding career option.	Quality of the experience. Mentoring and clinician feedback/discussion
To take advantage of the community setting to appreciate patient context	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise	Training Objectives
To develop a sense of responsibility to patients, staff, and community	Peer review
To develop appropriate interpersonal and communication skills	Customised input to meet specific need for individuals
To gain an understanding of relevant cultures including Maori and Pacific	Attend our in-house Cultural Competencies in Health courses.
To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support.

Learning Environment

Training will be facilitated through the creation of a planned and managed learning environment achieved through interactions between the House Officer and patients and interactions with other health professionals in Tupu Ora. The House Officer will receive support and guidance to ensure that learning occurs, and that a

representative experience is obtained. The run will provide the opportunity for interaction with other community provided services (allied health, district nursing etc) to give the House Officer a broad understanding of community mental health.

Training is on an apprenticeship basis, and much learning is by example. The example set by the psychiatrists, General Practioners and other staff in Tupu Ora will strongly influence the quality of the learning experience. This requires both good role modelling by the supervisors and active participation by the House Officer, with constructive feedback given to the House Officer. It is essentially a 'hands-on' placement where the House Officer will contribute to the work of Tupu Ora.

The House Officer will learn:

- Triage, the co-ordination of urgent transfer and confronting fallibility in emergency situations
- Personal management skills
- Impacts of legislation
- Aspects of living in a multi-cultural community

Specific Training Requirements

During this attachment the following situations or cases will normally present and it is expected that the House Officer will experience a number of the following cases or situations during the course of the attachment.

Anorexia Nervosa	Anxiety disorders
Bulimia Nervosa	Personality Disorder
Depression	Substance abuse disorder

Clinical Supervision

At PGY 2 level House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the psychiatrist and General Practioner. This is to ensure that the House Officer is exposed to a training environment that enables 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.

The House Officer will work directly with the clinical supervisors. 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 for the House Officer.
- Make sure that a wide range of opportunities for clinical skill development is available to the House Officer.
- Ensure that the House Officer has a level of supervision appropriate to his/her skill level.
- Provide guidance to the House Officer on the development of clinical strategies, knowledge, and skills objectives.
- Provide guidance and advice to House Officers regarding the cultural appropriateness of care provided.
- Will not have more than one House Officer under their supervision.
- Provide a report to the DHB which employs the House Officer via the NRA at the end of the placement.
- Arrange for alternative supervisor to cover any periods of absence.

Expected Outcomes

House Officers will gain meaningful experience of community psychiatry, and be more aware of the community/hospital interface, and interface between health professionals in the DHB.

House Officers will have contributed to the work of the service during their placement. House Officers will provide a report of their experience to their employing hospital on completion of the placement. Copies of this report will also go to the Tupu Ora and the Northern Regional Alliance.

It is anticipated this position will be recognised as rewarding and that psychiatry can be a viable career option.

Section 1: House Officer's Responsibilities

Area	Responsibilities
General	House Officers will be responsible for the day to day management of patients, as follows: To carry a caseload in consultation with the Registrar and Consultant. This will be smaller than the caseload carried by the team's registrar[s]. For these patients the House Officer will: • Monitor, in conjunction with other clinicians, changes in the mental state of current patients. • Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries, for patients under the care of the House Officer. • Help arrange further psychosocial input and family meetings, together with the clinical team. • Arrange basic medical care and investigations as appropriate, in collaboration with the patient's GP. • Liaise with the GP at admission and discharge, and/or as needed. • The House Officer may need to take additional responsibility for the co-ordination of aspects of medical care of other patients. • The house officer will also be responsible for assisting as necessary with any medical emergencies. • Understand the philosophy and objectives of the service 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 practice. • Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team. • Undertake diagnostic and treatment procedures. • Monitor and review management plans in accordance with changes in the clinical condition of patients. • Maintain a high standard of communication with patients, patients' families and whanau. • Maintain a high standard of communication with hospital and community health professionals and other staff. • Inform named supervisor of the status of patients especially if there is an unexpected event. • Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.
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 as agreed with training supervisor.

Section 2: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday 0800 – 1700. This includes a 30 minute un-paid lunch break which can be taken away from the community provider. There is consultant present during these hours.

During the ordinary hours the House Officer will be allocated to clinical activities and non-clinical activities. Timetabling of session with the preceptor, clinical activities, non-clinical activities and protected teaching time may be subject to change.

In addition, the House Officer will participate in the General Medicine after hour's roster for Auckland City Hospital working a Saturday and Sunday admitting duty from 1400-2200 at a ratio of 1:5 weekends.

The scheduled week day activities are shown below. In addition to activities shown in the weekly schedules the House Officer will be allocated to clinical activities and non-clinical activities as well as two hours of protected training time. The timetabling of these sessions may be subject to change.

	Monday		Tuesday	Wednesday	Thursday			Friday
9am	Child and adolescent MDT meeting	DP MDT meeting	Adult team MDT meeting		Adult Risk meeting	Child and adolescent Risk meeting	EDU MDT	
10am								
11am	Adult team triage meeting							
12pm								

Clinical activities may include team meetings (the Tupu Ora meeting schedule is displayed above), clinical work, reading and responding to patient referral letters, grand rounds, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, research and study related to the treatment of a specific patient, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families, preparation of police, coroner, legal, ACC & similar reports.

Non - clinical activities may include teaching - (including preparation time), educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources and preparation of clinical resources.

Section 3: Cover

There is one House Officer on this run at any one time and there are experienced specialist in both psychiatry and general practice available on-site during all hours that the House Officer is required to work.

Section 4: Training and Education

Nature	Details
Protected Training Time	Protected training time of 2 hours per week will be allocated for CME, professional development, medical learning and to attend teaching sessions with the training supervisor, and relevant teaching rounds.
The House Officer is expected to contribute to the education of nursing, technical staff and medical staff when requested.	

Section 5: 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.

Section 6: Leave

House officer	*Community Provider and Auckland DHB*
The House Officer will: • Apply for leave as soon as possible; this leave will be covered by other physicians in the practice. • Submit their application for leave to the RMO Support for processing.	The Community Provider will ensure: • Arrange cover for leave once ADHB have confirmed that the leave request has been approved.

Section 7: Hours and Salary Category

Average Working Hours		Community Provider Commitments
Basic hours (Mon-Fri)	40.00	
Rostered additional hours (inc. nights, weekends & long days)	3.2	
All other unrostered hours	2	
Total hours	45.2	

Salary: The salary for this run will be a E run category**.**