

RUN DESCRIPTION

POSITION:	House Officer
DEPARTMENT:	Mental Health Services
PLACE OF WORK:	This run description applies to positions within: 1 : Kauri Unit and Totara acute women plus prison team, Mason Clinic, [Regional Forensic Services]; 1 : Totara Unit/ Tanekaha Units, Mason Clinic, [Regional Forensic Services]; 1 : Rata/ Kahikatea Units, Mason Clinic, [Regional Forensic Services]; 1 x Kingsley Mortimer Unit(KMU), [Psychogeriatric Inpatient] North Shore Hospital 2 : Waiaatarau Unit, [Acute Adult Inpatient] Waitakere Hospital, and 2 : He Puna Waioira [Acute Adult Inpatient] North Shore Hospital
RESPONSIBLE TO:	Director, RFMHS/MHS, Waitemata Health General Manager, MHS, Waitemata Health Head of Division, SMHOP Waitemata Health (for MHSOA) General Manager, SMHOP Waitemata Health (for MHSOA)
FUNCTIONAL RELATIONSHIPS:	Health care consumers, hospital and community based mental health care workers.
PRIMARY OBJECTIVE:	To facilitate the care of patients in the Mental Health Service.
RUN RECOGNITION:	These clinical attachments are accredited by the New Zealand Medical Council for Prevocational Training.
RUN PERIOD:	3 months

Section 1: House Officer's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
Clinical Duties & Work Schedule	<p>House Officers will be responsible for the day to day management of patients, as follows:</p> <p>To carry a caseload in consultation with the Registrar and Consultant. This will be somewhat smaller than the caseload carried by the team's registrar[s].</p> <p>For these patients:</p> <ul style="list-style-type: none"> • To monitor, in conjunction with the Registrar, changes in the mental state of current patients. • To maintain adequate clinical records, and complete referrals and discharge paperwork and summaries. • To help arrange further psychosocial input and family meetings, together with the clinical team. • To arrange basic medical care and investigations as appropriate. • To liaise with the GP at admission and discharge, and otherwise as needed.

<i>Area</i>	<i>Responsibilities</i>
	<p>In respect of acute admissions [in those units where this applies] the House Officer will:</p> <ol style="list-style-type: none"> 1. Consult with the Registrar [or the Consultant] about all patients for admission and may undertake initial assessment and examination, where this is felt to be appropriate. 2. Consult with the Registrar or Consultant regarding any management or treatment plans before implementing these. <p>The House Officer will be responsible for assisting as necessary with any medical emergencies.</p>
Other Duties	<ol style="list-style-type: none"> 2. On the Forensic Unit, there will also be some duties determined by the specialised nature of this placement re co-ordination of medical care of patients and of steps in the legal process under close supervision by the registrar and consultant. In this specialised setting, it may not be feasible to carry a personal caseload.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> 1. “The practitioner who is providing treatment is responsible for obtaining informed consent beforehand for their patient. The Medical Council believes that the responsibility for obtaining consent always lies with the consultant – as the one performing the procedure, they must ensure the necessary information is communicated and discussed.” 2. “Council believes that obtaining informed consent is a skill best learned by the house surgeon observing consultants and experienced registrars in the clinical setting. Probationers should not take informed consent where they do not feel competent to do so. • If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or On Call Mental Health Manager directly as well as the Consultant to which the House Officer is clinically responsible in the absent duty. • As an RMO working at WDHB you will be provided with a Concerto login and a WDHB email account which will be used for all work related communication. It is your responsibility to ensure you check this regularly.

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<ul style="list-style-type: none"> • Protected Time 	<p>Professional development of a House Officers skills and knowledge should occur during the run. All House Officers must attend their departmental meetings. The House Officer will attend the following weekly teaching (unless attendance is required for acute admitting or a medical emergency):</p> <ul style="list-style-type: none"> • HO Teaching Programme- Thursday 1230 to 1430 hours, Conference Room 1, NSH and Kawakawa Room WTH (unless advertised otherwise). This is protected teaching time with the handing in of the pagers for monitoring by the Clinical Training Coordinator. Any urgent messages will be redirected to the team registrar. • Practical Skills Training- Monday 1200-1400 hours, Seminar Room 1, Learning and Development, NSH (unless advertised otherwise). Consists of six different training modules run on a repeat cycle throughout the year. These modules have been designed to assist RMOs to maintain their skills in different ACLS procedures and practical skills. House Officers are expected to attend each module at least once during the training year. • Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital. • Medical Journal Club [W], Mondays 1230 Conf Room, Woodford House, Waitakere Hospital • Mental Health Journal Club [W] Tuesdays 1330 Level 2, Waimarino, 33 Paramount Drive • CME Thursdays 1200 Judges Room, Rata Unit, Mason Clinic • Teaching Roster [N/W] Wednesdays 1500, Judges Room, Rata Unit, Mason Clinic • Journal Club Mondays 1215 Community Room, Mason Clinic • Mental Health Journal Club [N] Fridays 0900, Level 3, 44 Taharoto Road • Mental Health House Officer Peer Support Group Tuesdays 1400 Judges Room, Rata Unit, Mason Clinic

Section 3: Roster

<i>Hours of Work</i>	
Ordinary hours: Ordinary hours of work are 40 hours per week Monday - Friday between	0730 - 1630
After hours: Acute Admitting	0830 - 2300
Acute Admitting Saturday – Sunday	0900 - 2300
<ul style="list-style-type: none"> • House Officers are expected to be on site for their after hour duties. These sites include Mason Clinic (Forensics), North Shore Hospital campus, and Waitakere Hospital campus. • House Officers are rostered every alternate full weekend off duty. • There are no night shifts expected in this rotation 	
Roster:	

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Clinical attachments are to multidisciplinary teams and include one or more Psychiatric Registrars and Specialist Psychiatrists. All doctors carry locators and many also have cell phones. Contact numbers are available via the North Shore exchange. The Forensic psychiatrist can be contacted via the Mason Clinic switchboard or the North Shore exchange.</p> <p>Roster cover is provided in conjunction with the Psychiatric Registrar and General and Forensic Psychiatrists.</p>

Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> • At the outset of the run, meet with their designated consultant to discuss goals 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 consultant. 	<p>The service will provide:</p> <ul style="list-style-type: none"> • An initial meeting between the Clinical Supervisor and House Officer to discuss learning objectives and expectations for the run, review and assessment times, and teaching. • An 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 • 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

<i>House Officer</i>	<i>Service</i>
	via e-port

Section 6: Hours and Salary Category

<i>Average Working Hours</i>	<i>Service Commitments</i>
Basic hours 40.0	
Rostered additional hours (inc. nights, weekends & long days) 6.72	
All other unrostered hours 3	
Total hours per week 49.72	

Salary:

The salary for this attachment will be detailed as a Category **D**.