

RUN DESCRIPTION

POSITION:	House Officer PGY2
DEPARTMENT:	Specialist Mental Health and Addictions Services, Waitemata DHB
PLACE OF WORK:	Rodney Adult MHS (based at Warkworth Red Beach and Helensville)
RESPONSIBLE TO:	Adult Service Clinical Director and Manager of Rodney Adult MHS
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, community-based health care workers and non-clinical staff. Professional relationships with clinical supervisors and other specialists.
EMPLOYMENT RELATIONSHIPS:	Employed by Waitemata DHB on secondment for the duration of the clinical attachment.
PRIMARY OBJECTIVE:	Involvement in the management of patients in a supportive and stimulating learning environment.
RUN RECOGNITION:	The clinical attachment offered by Rodney Adult MHS will provide the House Officer with experience in community mental health and rural health and will assist with meeting the MCNZ requirement for RMO community experience. This is a MCNZ-accredited Community Based Attachment (CBA).
RUN PERIOD:	3 months

Background:

Rodney Adult Mental Health Services (RAMHS) provides specialist services to adults (age 18-65 years) who are acutely unwell or have an on-going or recurring severe mental illness.. These services are provided for those in the Rodney area within the Waitemata District Health Board catchment area.

RAMHS operates out of three hubs (Warkworth, Helensville and Red Beach), and provides:

- Community-based outpatient appointments
- Acute assessments, including admissions to inpatient units involving use of the Mental Health Act
- Alternatives to admission (crisis respite care and home-based crisis support)
- Access to ongoing rehabilitation and extended care residential facilities run by NGOs.

This clinical attachment is designed to support House Officers to gain appropriate exposure to working across traditional inpatient/community boundaries in a community mental health services setting. This experience may assist the House Officer in making an informed decision about a future career in primary or community-based health. Or, if the House Officer chooses to continue in hospital-based care, a clearer understanding of the integration between community-based care and hospital-based care in order to improve patient journeys. This attachment, based in RAMHS, also offers the House Officer first hand experience of acknowledged health disparities and rural health and the opportunity to consider a career that

contributes to improving health and health-literacy for patients being supported by Mental Health Services at Waitemata DHB.

The House Officer will be part of multidisciplinary teams working together to ensure that patients receive comprehensive care appropriate to their needs. The service works in three distinct geographical areas (two semi-rural and one urban), each with their own small multi-disciplinary team. The centres are based in Warkworth, Helensville and Red Beach. The House Officer would usually work with the Warkworth and Red Beach teams, however, time spent at the Helensville centre can be negotiated dependent on the House Officers home location

The training will provide a good foundation toward vocational pathways and exposure to an environment where relevant new skills and basic competencies in mental health can be learnt.

The service sometimes uses remote access/VC technology in the community-inpatient interface which is unique to rural psychiatry.

RAMHS also services Goodward Park which is an NGO providing residential accommodation for clients with high and complex needs, including gated communities and less intensive residential services with a rehabilitation focus.

In delivering care in the community, particularly for people presenting with issues of high complexity, the House Officer will come to understand differences in roles and healthcare access within rural versus urban communities.

The key integrated practice concepts applied during the training are:

- Patient-centred care
- The generalism of psychiatry
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based practice in psychiatry

Section 1: Clinical Attachment

- The learning will take place within the Waitemata DHB catchment area in clinical and community settings within the services. The centres are based in Warkworth, Helensville and Red Beach. The House Officer would usually work with the Warkworth team on Monday and Tuesday and Red Beach team on Wednesday - Friday with the requirement to travel to Helensville on occasions. Additional time spent at the Helensville centre can be negotiated dependent on the House Officers home location.
- The Warkworth site is located at (7-9 Alnwick St, Warkworth the Red Beach site is located at 136 Whangaparaoa Rd and the Helensville site is located at 65 Commercial Road Helensville. There will be a clinical supervisor at each location.
- House Officer learning is supervised to ensure it is objectives driven, targeted to House Officer learning needs and includes the principles of cultural appropriateness to practice.
- Workplace safety issues are the responsibility of the providers and House Officers will conform to all practice safety standards, according to onsite induction.

Performance Measures

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 Māori and Pacific	Cultural Competencies in courses available through the DHB
To develop collegial and peer associations and linkages	Included in orientation to this programme Mentoring and support

Learning Environment

The clinical experience will be facilitated in a planned and managed learning environment and through interactions between the House Officer and patients and interactions with other health professionals. The House Officer will receive support and guidance from their clinical supervisors to ensure that they are meeting their learning goals and that a representative experience of the service is gained. The run will provide the opportunity for some interaction with other community services (general practice and mental health NGOs) to give the House Officer a broad understanding of community mental health services.

Training is on an apprenticeship basis and much learning is by example. The example set by psychiatrists and other staff will strongly influence the quality of the learning experience. This requires both good role modelling and constructive feedback from supervisors and the active participation of the House Officer.

The learning opportunities will include:

- Confronting fallibility in emergency situations
- Personal management skills
- Impact of legislation
- Aspects of living in a rural community

Attendance at PGY2-protected teaching workshop days will be rostered by arrangement with RMO Support and the Clinical Education & Training Unit (maximum 3 days in the 3 month attachment).

Specific Training Requirements and Expected Outcomes

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

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

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 service on completion of the placement. Copies of this report will also go to the CBA and the Northern Regional Alliance.

It is expected that the house officer will experience at least 30% of the following clinical presentations during the course of the attachment:

Patients with metabolic syndrome	Mood Disorders
Anxiety Disorders	Personality Disorders

Patients on IMI depots	Psychotic Disorders
Comorbid mental health and substance use disorders	Patients with a history of psychological trauma

Clinical Supervision

At PGY 2 level, House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the vocationally registered psychiatrist and, if available, a psychiatric registrar. 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
- Be responsible for holding and recording meetings on ePort; namely the start of attachment meeting, the mid-attachment meeting and end of attachment assessment. Instruction for Supervisors in the use of ePort will be provided by the Director of Clinical training where required.
- Be available to meet with the House Officer on a daily basis to go through the management plans instituted by the House Officer for patients seen that day

Section 2: House Officer Responsibilities

Area	Responsibility
<p>General</p>	<p>House Officers will be responsible for the day to day management of patients and 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:</p> <ul style="list-style-type: none"> • Monitor, in conjunction with other clinicians, changes in the mental, social or physical 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. • 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.
<p>Administration</p>	<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 legibly recorded. • Participate in research and audit as agreed with training supervisor.

Section 3: Training and Education

Nature	Details
Protected training time	Protected training time of three full days per attachment to attend PGY2 workshops at North Shore Hospital. This is in addition to any local teaching opportunities.
The House officer is expected to learn together with nursing, technical staff and other medical staff when requested.	

Section 4: Roster

<i>Hours of Work</i>
The House Officer's ordinary hours of work are Monday – Friday 0800 – 1700. This includes a 30 minute paid lunch break that can be taken away from the service. 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 supervisor, clinical activities, non-clinical activities and protected training time may be subject to change.

Clinical activities may include patient care and administration related to patient care, multidisciplinary meetings, audit and quality assurance activities, case conferences and reviews, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families and preparation of clinical reports.

Non-clinical activities may include theoretical learning sessions, teaching (including preparation time and preparation of educational resources), networking with colleagues, and supervision sessions. In addition, practice administration, general reading or research, planning meetings, preparation of clinical resources and time spent visiting other community services for the broader understanding of the community health care environment are considered as non-clinical work.

Section 5: Cover:

<i>Cover</i>
There is one house officer on this run and there is a supervising SMO (Clinical Supervisor) on-site during all hours that the house officer is required to work.
Clinical attachments are to multidisciplinary teams which include specialist psychiatrists and may include psychiatry registrars. All doctors carry cell phones and contact numbers are available from RAMHS.

Section 6: Performance appraisal

<i>House Officer</i>	<i>Community Provider</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> • 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. 	<p>The Community Provider will ensure:</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 time, and one on one teaching time. This meeting will be recorded on ePort • 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. This meeting will be recorded on ePort • 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. The final assessment will be recorded on ePort under the designated domains as well as in the free text sections. • For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via ePort.

Section 7: Leave

<i>House officer</i>	<i>Community Provider and Waitemata DHB</i>
<p>The House officer will:</p> <ul style="list-style-type: none"> • Apply for leave as soon as possible; this leave will be covered by others in the service. • Submit their application for leave electronically through the RMO Leave Kiosk. 	<p>The Community Provider will:</p> <ul style="list-style-type: none"> • Arrange cover for leave once WDHB have confirmed that the leave request has been approved.

Section 8: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic Hours (Mon – Fri)	40	The service, together with RMO Support will be responsible for the preparation of any rosters
Rostered Additional Hours (inc. weekends & long days)	2.5	
All other unrostered hours To be confirmed by a run review	TBC	
Total Hours per week To be confirmed by a run review	42.5	

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