

## Run Description

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Koropiko Mental Health Services Older People (MHSOP)
<b>PLACE OF WORK:</b>	Colvin Building Middlemore Hospital and Lambie Drive Manukau
<b>RESPONSIBLE TO:</b>	Clinical Supervisor and Manager of MHSOP Community Team for all clinical and training matters
<b>FUNCTIONAL RELATIONSHIPS:</b>	Healthcare consumers, community based health care workers and non-clinical staff. Professional relationships with the clinical supervisor and other specialists
<b>EMPLOYMENT RELATIONSHIPS:</b>	Employed by CMDHB
<b>PRIMARY OBJECTIVE:</b>	Involvement in the medical and psychiatric management of patients at MHSOP Community Team in a learning environment
<b>RUN RECOGNITION:</b>	The run has been accredited by MCNZ as a community based attachment.
<b>RUN PERIOD:</b>	3 months

### **Background:**

Koropiko Mental Health Services for Older People (MHSOP) provides mental health services and support to people aged 65 and over. The service sees a range of people with mental health concerns, as well as medical conditions that affect their emotional wellbeing.

The Koropiko Mental Health Services for Older People has two main aims:

- To improve the health of older people, in partnership with the individual, their family, whaanau and/or carers
- To provide treatment and support that promotes independence and utilises older peoples' strengths.

The MHSOP Community Mental Health service uses a team based approach. The team consists of a multi-disciplinary group of staff. The team comprises Registered Nurses, Consultant Psychiatrists, Clinical Psychologists, Social Workers, Occupational Therapists, Psycho-Geriatricians and Clinical Coordinators.

### **Section 1: Clinical Attachment**

Training will occur at Middlemore Hospital. Learning will take place in clinical and community settings. The general requirement for attachments is to ensure a range of relevant experience.

Supervision will ensure that House Officers' learning is objectives-based, targeted to House Officers' learning needs, and that there is application of the principles of cultural appropriateness to practice.

The House Officer will be allocated time to review and become familiar with MHSOPs safety standards which will be covered during the orientation period at the beginning of the attachment. Workplace safety issues are the responsibility of the providers and House Officers will conform to all practice safety standards.

### 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 the MHSOP service. 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 and other staff in the MHSOP team 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 the MHSOP team.

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.

Bipolar disorder	Anxiety disorders
Schizophrenia	Dementia and the Behavioural and Psychological complications
Depression	

## 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. 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 supervisor. 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 MHSOP team 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 provider 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 2: House Officer's Responsibilities

Area	Responsibilities
<p><b>General</b></p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Monitor, in conjunction with the Registrar, changes in the mental state of current patients.</li> <li>• Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries, for patients under the care of the House Officer.</li> <li>• Help arrange further psychosocial input and family meetings, together with the clinical team.</li> <li>• Arrange basic medical care and investigations as appropriate, in collaboration with the patient's GP.</li> <li>• Liaise with the GP at admission and discharge, and otherwise as needed.</li> <li>• The House Officer may need to take additional responsibility for the co-ordination of aspects of medical care of other patients. and interface with geriatric services. The house officer will also be responsible for assisting as necessary with any medical emergencies.</li> <li>• Understand the philosophy and objectives of the MHSOP community team and set goals for practice within this framework.</li> <li>• 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.</li> <li>• Work closely with members of the multidisciplinary team in provision of assessments for patients.</li> <li>• Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team.</li> <li>• Undertake diagnostic and treatment procedures.</li> <li>• Monitor and review management plans in accordance with changes in the clinical condition of patients.</li> <li>• Maintain a high standard of communication with patients, patients' families and whanau.</li> <li>• Maintain a high standard of communication with hospital and community health professionals and other staff.</li> <li>• Inform named supervisor of the status of patients especially if there is an unexpected event.</li> <li>• Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.</li> </ul>

<b>Administration</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Participate in research and audit as agreed with training supervisor.</li> </ul>
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### Section 3: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday 0800 – 1630. This includes a 30 minute un-paid lunch break which can be taken away from the community provider. There is a 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 Middlemore Hospital This includes:

- 1:4 weekends consisting of one long day from 0800 – 2230 and one short day from 0800 – 1600 at Middlemore Hospital.
- 1 weekday swing shift per week working 14:30- 22:30 at Middlemore Hospital. Note – The House officer will not be required to work at the community provider during the day before commencing the swing shift.

The scheduled weekday 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
a.m.	08:30 Handover	08:30am Handover	08:30am – Handover	08:30am Handover	08:30am Handover
p.m.	1400 – House Officer Teaching				

Clinical activities may include, 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.

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 4: Cover

There is one House Officer on this run at any one time and there is an experienced specialist available on-site during all hours that the House Officer is required to work.

### Section 5: Training and Education

Nature	Details
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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 6: Performance appraisal

<i>House Officer</i>	<i>Community Provider</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>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;</li> <li>After any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor.</li> </ul>	<p>The CMHC will ensure:</p> <ul style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>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;</li> <li>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.</li> <li>For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.</li> </ul>

## Section 7: Leave

<i>House officer</i>	<i>Community Provider and Counties Manukau DHB</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>Apply for leave as soon as possible; this leave will be covered by other physicians in the MHSOP team.</li> <li>Submit their application for leave to the RMO Support for processing.</li> </ul>	<p>The Community provider will ensure:</p> <ul style="list-style-type: none"> <li>Arrange cover for leave once CMDHB have confirmed that the leave request has been approved.</li> </ul>

## Section 8: Hours and Salary Category

Average Working Hours		Community Provider Commitments
Basic hours (Mon-Fri)	40.00	
Rostered additional hours (inc. nights, weekends & long days)	10.19	
All other unrostered hours (To be confirmed by run review)	TBC	
Total hours (To be confirmed by run review)	50.19	

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

Total hours fall below the middle of the salary band therefore the run will be remunerated as a D run category until the unrostered hours can be confirmed by a run review.