

RUN DESCRIPTION

POSITION:	Registrar 1st year +
DEPARTMENT:	Mental Health
PLACE OF WORK:	Home Based Treatment Team , Manukau
RESPONSIBLE TO:	General Manager and Clinical Director, Mental Health Services through the supervising Consultant, Clinical Head, and Service Manager of Acute and Hospital Adult Mental Health.
FUNCTIONAL RELATIONSHIPS:	Health care consumers, Hospital & Community based health care workers, NGO's, and GP's
NATURE OF ATTACHMENT:	The attachment is to a multidisciplinary team. At times this may include medical students
PRIMARY OBJECTIVE:	To provide mental health care in community settings to adult clients who present to Counties Manukau Mental Health Services with acute mental health needs.
RUN RECOGNITION:	This attachment is recognised by RANZCP as a training position for specialist qualification.
Run Period	6 Months

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Clinical Duties:</p> <ul style="list-style-type: none"> • The Registrar is responsible to his/her supervising Consultant for the care and management of clients in their service area. • In order to provide experience working in an acute continuum community service model the Registrar will be involved in developing multidisciplinary treatment plans and providing acute treatment and short-term interventions for clients in community settings such as their home or respite facilities. • The Registrar will be available to attend multidisciplinary team meetings and handover meetings. The registrar will come prepared with a current knowledge of the progress of clients under his/her care. • The Registrar will ensure that the Consultant is informed of all significant events in the course of the care of clients under his/her care. (e.g. change in mental state and risk, unusual laboratory findings, non-concordance with treatment, etc) as well as any unusual peaks in workload and will update the Consultant on any significant changes in client management. Registrars will also ensure that arrangements are made for medical care of clients when appropriate. • The Registrar will be responsible for the day to day management of

Area	Responsibilities
	<p>clients as follows:</p> <ul style="list-style-type: none"> ➤ Assessment and treatment of people with mental health problems and mental illness, including relevant assessment and ongoing management of physical health issues. ➤ To work in community sites. This will primarily include CMHCs, the individuals' home, and respite facilities, but may also include primary care clinics, Police Stations, or other sites when required. ➤ Liaisons with health professionals to arrange appropriate care for people with severe mental illness. ➤ Maintain awareness of the sociocultural influences on common psychiatric disorders, in terms of the epidemiology, etiology, presentation, management and prognosis, and apply this to their interventions with clients. ➤ The development and implementation of multidisciplinary acute community treatment plans in conjunction with the client and caregivers, other involved clinicians, allied health staff, community support staff, NGO providers, and the supervising Psychiatrist ➤ Ongoing monitoring and review of treatment plans in accordance with changes in clinical condition of clients. ➤ Maintenance of adequate records for the documentation of assessment, treatment plans and ongoing review of clients, including rationale for such plans and reviews. ➤ Communicating and working closely with all members of the multidisciplinary team to provide well-coordinated, comprehensive care. ➤ On occasion, to follow community clients into the Emergency Department or to transition to an inpatient setting. <p>After Hours Responsibility:</p> <ul style="list-style-type: none"> • Registrars participate in coverage of the mental health service outside of normal working hours, under the supervision of the on-call consultant. When rostered on after hours duty the Registrars are assigned to be on site at Middlemore Hospital or based with the Intake and Assessment Team at Kerrs Road, and will take calls for the whole of their assigned service. This may include answering calls from Community Mental Health Nurses and General Practitioners and arranging to have clients assessed, if necessary. If Registrar assessment is required, this can be undertaken in a community or at middlemore hospital setting or in Tiaho Mai. • Registrars provide assessment and review of clients presenting to and currently within the services, and provide phone consultation to Community Mental Health Nurses and General Practitioners. Functions in relation to the Mental Health Act will be discussed with the on call Psychiatrist. The on call Psychiatrist may involve the Director of Area Mental Health Services if necessary. • It is expected that during after hours duty, registrars in one shift will work collegially with a spirit of co-operation and flexibility in the allocation of clinical duties and share the workload when it is uneven and busy. This is to provide optimal registrar support and responsiveness to clients. • The Registrar will communicate with the on-call psychiatrist to inform them of events which occur during the period of after hours duty. All

Area	Responsibilities
	<p>contacts in regard to children or adolescents will be directed to the Child Psychiatrist on call for the region. Contacts regarding adults will be directed to the Counties Manukau consultant psychiatrist on call.</p> <p>Issues to be discussed would include, but may not be limited to:</p> <ul style="list-style-type: none"> ➤ new assessments made in the emergency department, where the person is not admitted ➤ admissions ➤ current inpatients who wish to discharge themselves against advice ➤ current inpatients who are absent without leave, and who are categorised as “A” category AWOL (or for whom no categorisation has already been determined) ➤ assessments made of people referred from within the general hospital wards ➤ other clinical problems requiring consultant support, as determined by the level of experience of the registrar <ul style="list-style-type: none"> • At all changes of duty adequate handover will be given to the incoming Registrar in relation to matters arising on call. • On weekends and public holidays from 0830-1630hrs a Medical Officer is rostered to cover the Inpatient Wards. The on duty Registrars are not expected to undertake tasks on the Inpatient unit during these hours unless the rostered Medical Officer is unavailable
Administration	<ul style="list-style-type: none"> • Maintenance of comprehensive documentation in clinical files, including: <ul style="list-style-type: none"> ➤ Documentation of all clinical contacts, interventions, and treatment recommendations. ➤ letters to other health professionals or agencies regarding assessments and treatment processes ➤ timely discharge summary letters ➤ medication orders, including prescriptions, medication updates and reasons for changes • Completion of any special documentation or database entry of health information as required by the Unit Consultant or Manager • Participation in weekly team case conferences • Follow up laboratory and other investigations as necessary, using electronic systems and other records as appropriate • Check and attend to email correspondence on CMDHB email account in a timely manner • Obtain informed consent for procedures within the framework of the Medical Council guidelines (see footnote 1) • Contact the Team Manager/Service Manager to report any unplanned absences. • In consultation with the Clinical Director, assist with operational research in order to enhance the performance of the Service.

Footnote 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. Council believes that obtaining informed consent is a skill best learned by [the house surgeon] observing consultants [and experienced registrars] in the clinical setting. RMOs [Probationers] should not take informed consent where they do not feel competent to do so.

Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"> • Orientation at the beginning of the run • Participation in the Registrar teaching programme, one full day per week during the academic semester [day dependent on registrar training year] as scheduled by the Regional Training Committee. When there is no scheduled programme, registrars are expected to attend to clinical duties unless otherwise negotiated with their supervising psychiatrist. • Attendance and participation at other service and unit based education sessions as scheduled, including Monday Journal Club. This will include at least one presentation by the registrar during the course of the rotation, in accord with current standards for such presentations and in conjunction with the supervising psychiatrist. • Participation in weekly Registrar group meetings with the Training Facilitator or Clinical Director • Attendance of at least 1 hour of individual supervision (2 hours if first year trainee) each week with the supervising Psychiatrist, at a time to be arranged with the Psychiatrist. At least 4 hours of supervision of clinical practice will be provided each week. • Time will be given to enable participation in preparation to fulfil the examination requirements for FRANZCP Basic and Advanced training.
<i>Training and development activities</i>	<ul style="list-style-type: none"> • Follow up of acute patients under HBT fulfils the requirements of RANZCP training. • There are opportunities to perform acute, urgent assessments alongside the Intake and Acute Assessment Team. • Opportunities are available for ECT training • A research project may be undertaken during the attachment, subject to the approval of the Clinical Director - Mental Health and Ethics Committee
<i>Training and development of other staff</i>	<ul style="list-style-type: none"> • Through example and supervision the Registrar will actively contribute to the education of House Officers, Trainee Interns and medical students when allocated to them. • The Registrar is expected when possible to provide education and/or training for staff of other disciplines in relation to aspects of medical/psychiatric assessment and treatment, within the service setting.

Section 3: Roster

Roster

There are 14 Registrars & 2 relievers on the roster.

- Normal working hours are 8 hours between 0830 and 1630, Monday to Friday.
- Additional rostered hours are from 1630 – 2300 weekdays and 0830 to 2300 at weekends and public holidays. There is allowance for handover from 2230 to 2300 hours.
- Night duty is from 2230 to 0830 hours. Night duties are worked in separate periods of four and three nights.
- It is expected that registrars work collegially with a spirit of co-operation and flexibility in the allocation of clinical duties. This is to provide optimum registrar support and responsiveness to clients.

On- Duty/Call

During the Home Based Treatment rotation, the Registrar will be rostered for after hours and night duties per the CMDHB Mental Health Service roster. The Registrar will be rostered on either “A” or “B” evening duty, and “N,” night duty.

“A” Long Day

The “A” Registrar provides all hospital-based evening services, including Tiaho Mai, MHSOP inpatient services, the Middlemore Emergency Department, Department of Psychological Medicine, and Tamaki Oranga. The Registrar is on duty and based at Middlemore Hospital. They report to the on call consultant for all inpatient services and to the Intake and Acute Assessment consultant for activities in the Emergency Department.

“B” Long Day

The “B” Registrar provides all community-based acute evening services including Intake and Acute Assessment and Home Based Treatment. The Registrar is on duty and based at Intake and Acute Assessment at Kerrs Road in Wiri, but may provide services at any site in the community including CMHCs, the individuals’ home, and respite facilities, but may also include primary care clinics, Police Stations, or other sites. The registrar reports to the Intake and Acute Assessment consultant for B long day duties.

“N” Night Duty

The ‘N’ registrar is on duty overnight. They are based at Middlemore Hospital and are the first point of call for Counties Manukau mental health services after hours. The ‘N’ registrar works alongside the overnight Intake and Assessment clinicians based in the Emergency Department, and reports to the on call consultant..

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<ul style="list-style-type: none"> • Clinical attachments are to multidisciplinary teams which may include a House Officer, Trainee Intern and medical student(s). • There are 14 registrars on the roster and 2 Registrar Relievers • The after-hours (long days, weekends, and nights) are shared at a frequency of 1 in 14 across the Registrars on the roster. The registrars will work one or more period of nights during the run. • Night shifts will be in runs of 4 or 3 with appropriate rest periods as per collective agreements • The Registrar reliever will be designated by the service from within the Registrars allocated to Mental Health at this DHB. <p>The Registrar reliever will work within their allocated Mental Health team/service during ordinary hours Monday to Friday (unless on a sleep day, rostered day off or leave). After hours the reliever will be assigned relief duties covering Registrars who are on leave from across the Mental Health Service at this DHB. The Registrar may be rostered to Short Notice Relief if required and where practicable.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • Ensure they arrange a formal meeting with their supervising consultant at the outset of the run to discuss goals and expectations for the run, review and assessment times and one on one teaching time • Ensure review meetings are set at three months and six months to review progress against goals and expectations • Implement a corrective action plan under the advice of their Consultant where any deficiencies are identified 	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"> • An initial meeting with a nominated Consultant (who will usually be the designated Supervisor) and Team Manager/Service Manager to discuss goals and expectations for the run, review and assessment times and one on one teaching time. • An interim assessment report on the Registrar three months into the run, after discussion between the Registrar, designated supervisor and Team Manager/Service Manager. • The opportunity to discuss any deficiencies identified during the attachment. The designated supervisor will bring these to the Registrar's attention and discuss and implement a plan of action to correct them. If required the Training Facilitator will be involved. • A final assessment report on the Registrar at the end of the run, a copy of which is to be sighted and signed by the Registrar.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	13.28	
All other unrostered hours	2.58	
Total hours per week	55.86	

Salary: The salary for this attachment is estimated to be a Category C.