

POSITION:	Psychiatry Elective Run for Palliative Care trainees
DEPARTMENT:	Liaison Psychiatry Service, Waitemata District
PLACE OF WORK:	North Shore Hospital, Waitemata District
RESPONSIBLE TO:	Clinical Supervisor
FUNCTIONAL RELATIONSHIPS:	Senior medical staff Team Leader Multidisciplinary team members
PRIMARY OBJECTIVE:	To enhance understanding of psychiatric presentations and management to equip trainee with skills and knowledge to manage psychiatric patients who are palliative and palliative patients with psychiatric symptoms
RUN RECOGNITION:	This run is recognised by the RACP as a training position
RUN PERIOD:	6 months

Section 1: Registrar Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • Assessment and treatment of persons with or suspected to have psychiatric disorder or severe psychological distress, and/or people for whom it is thought psychological factors are closely associated with their physical health status. • Extension of training and knowledge of discipline of psychiatry and of the relationship between psychological factors and health status. • Development and implementation of treatment plans together with the responsible medical/surgical team and under the supervision of Consultant Psychiatrists within the Liaison Psychiatry Service • Completion of requirements of the Mental Health Act, including conducting assessments and providing notices and other documentation, in accord with designated approval for such activity. This will be done with guidance and discussion with their clinical supervisor. • Involvement in assessments or discussions that cover decision-making capacity and management in the person's best interests with consideration of philosophical, legal, ethical and other aspects of decision-making. • Management of behavioural disturbance including de-escalation techniques, liaison with ward staff and consideration of medication options. • Carrying an appropriate caseload of patients with opportunities for independent working as the rotation progresses • Participation in family meetings and conferences • Liaison with other health professionals including GPs re continuity of care. • Provision of medical certificates and liaison with other agencies (e.g. DSW or ACC) as appropriate in respect of patient care.

Area	Responsibilities
	<ul style="list-style-type: none"> • Palliative Registrars need to do three CEX (Clinical Examination) and three CBD (case-based discussions) per run. The trainee is responsible for initiating these and making sure they are done. They can be done with the Supervisor or any Consultant in the team.
Administration	<ul style="list-style-type: none"> • Maintenance of comprehensive documentation in SMHAS electronic clinical files (HCC) and in appropriate general medical records, including <ul style="list-style-type: none"> ○ letters to other health professionals or agencies regarding assessments and treatment progress ○ timely discharge summaries/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 clinical meetings as required. • Follow up laboratory and other investigations as necessary, using electronic systems and other records as appropriate • Obtain informed consent for procedures within the framework of the Medical Council guidelines (see footnote1): • If absent due to unexpected circumstances (e.g. health, other), contact the SMHAS Medical Coordinator directly as well as the Consultant to which the registrar is clinically responsible in the absent duty. • As an RMO working at WDHB you will be provided with a Clinical Portal login and 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

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	Assessments in the Emergency Department and/or medical/surgical wards	Outpatient clinic together with Consultant Psychiatrist	Assessments in the Emergency Department and/or medical/surgical wards	Assessments in the Emergency Department and/or medical/surgical wards	Psychiatry registrar 'group supervision' Psychiatry Grand Round/Journal Club
p.m.	Assessments in the Emergency Department and/or medical/surgical wards	Assessments in the Emergency Department and/or medical/surgical wards	Assessments in the Emergency Department and/or medical/surgical wards	Assessments in the Emergency Department and/or medical/surgical wards	1:1 registrar supervision with Consultant Psychiatrist supervisor

Note: dates and times for the sessions above may change.

There is a minimum of 4 hours per week medical learning, which includes the 1:1 supervision, group supervision and journal club. In addition there is a monthly training session for Palliative Care Trainees on the first Tuesday of each month.

Section 3: Roster

<i>Roster</i>
Ordinary hours of work Monday to Friday 0830 - 1630

Section 4: Cover:

<i>Other Resident and Specialist Cover</i>
<p>The Palliative Psychiatry Registrar is allocated to the Psychiatry service as part of their Palliative training. When the Palliative Psychiatry Registrar is absent, they will not require cover as it is a training role.</p> <p>The purpose of this run is to provide the Palliative Registrar experience of Psychiatry services as part of their Palliative training recognising the overlaps across the services.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p>The Registrar will:</p> <ul style="list-style-type: none">• at the outset of the run arrange a meeting with their primary supervising consultant to discuss goals and expectations for the run, review and assessment times• arrange a meeting midway through their run for formative assessment• after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their supervising consultant or designated consultant if supervising consultant is not available• Arrange a meeting towards the end of their run for summative assessment.	<p>The service will:</p> <ul style="list-style-type: none">• provide a suitable work and training environment that will foster excellence in patient care and support high quality education.• An initial meeting between the supervising consultant (or designated consultant if supervising consultant is not available) and registrar will be arranged to discuss goals and expectations for the run, review and assessment times.• An interim assessment report will be provided midway through the run after discussion between the registrar and the supervising consultant (or designated consultant if supervising consultant is not available).• A final assessment report will be provided at the end of the run, a copy of which is to be sighted and signed by the registrar.• The opportunity to discuss any deficiencies identified during the attachment will be available at any time. The supervising consultant (or designated consultant if supervising consultant is not available) in conjunction with the registrar will discuss and implement a plan of action to correct identified deficiencies.• In addition, there will be a meeting with the RMOs Palliative Care supervisor 2 and 4 months into the rotation.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.
Rostered additional hours	0	
All other unrostered hours To be confirmed by a run review	0	
Total hours per week	40	

Salary The salary for this attachment will be as detailed as a Category F run category

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