

## RUN DESCRIPTION

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Mental Health and Addiction Services – Mason Clinic House Officer
<b>PLACE OF WORK:</b>	Mason Clinic - 81A Carrington Road, Point Chevalier WDHB Mental Health Services for after hours work
<b>RESPONSIBLE TO:</b>	Clinical Director RFPS Director of the Specialist Mental Health and Addiction Service, including for on-call after-hours work.
<b>FUNCTIONAL RELATIONSHIPS:</b>	Health care consumers, hospital and community based mental health care workers.
<b>PRIMARY OBJECTIVE:</b>	To facilitate the care of patients in the Mental Health Intellectual Disability and Addictions Services.
<b>RUN RECOGNITION:</b>	These clinical attachments are accredited by the New Zealand Medical Council for Prevocational Training.
<b>RUN PERIOD:</b>	3 months

### Section 1: House Officer’s Responsibilities

<i>Area</i>	<i>Responsibilities</i>
<b>Clinical Duties &amp; Work Schedule</b>	<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/or Consultant. This will be somewhat smaller than the caseload carried by the team’s registrar[s].</p> <p>For all patients:</p> <ul style="list-style-type: none"> <li>• To monitor, in conjunction with the Registrar and/or Consultant,, changes in the mental state of current patients.</li> <li>• To maintain adequate clinical records, and complete referrals and discharge paperwork and summaries.</li> <li>• To help arrange further psychosocial input and family meetings, together with the clinical team.</li> <li>• To arrange basic medical care and investigations as appropriate for patients in setting(s) to which attached, in conjunction with registrar(s) and consultant(s)..</li> <li>• To liaise with the GP at admission and discharge, and otherwise as needed.</li> </ul> <p>In respect of acute admissions [in those units where this applies] the House Officer will:</p> <ul style="list-style-type: none"> <li>• Consult with the Registrar [or the Consultant] about all patients for admission and may undertake initial psychiatric assessment and examination, where this is felt to be appropriate.</li> <li>• Consult with the Registrar or Consultant regarding any management or treatment plans before implementing these.</li> </ul> <p>The House Officer will be responsible for assisting as necessary with any medical emergencies.</p> <p>Ensure that necessary information is handed over to RMO or other colleagues at the end of the shift, sufficient to enable continuity of care and attention to priority tasks.</p>

<p><b>Other Duties</b></p>	<p>On the Forensic Units, 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. House Officers are however encouraged to take a particular interest in the psychiatric care of some people to ensure exposure to Psychiatry during the rotation.</p> <p>Occasionally opportunities will arise for involvement in improvement activity and service development. These will be negotiated individually with the RMO, with consideration of clinical and teaching/training requirements of the attachment.</p>
<p><b>Administration</b></p>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients in accord with accepted standards for clinical records.</li> <li>• Be responsible for certifying death and complete appropriate documentation;</li> <li>• At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service;</li> </ul> <p>Participate in informed consent procedures within the framework of the Medical Council guidelines which state:</p> <ol style="list-style-type: none"> <li>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.”</li> <li>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.</li> </ol> <ul style="list-style-type: none"> <li>• If absent due to unexpected circumstances (e.g. health, other), contact the RMO Coordinator or On Call Mental Health Manager directly as well as the Consultant to whom the House Officer is clinically responsible in the absent duty.</li> <li>• 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.</li> </ul>

## Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<p><b>Protected Time</b></p>	<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"> <li>• HO Teaching Programme –Tuesday 08:30-09:30 Conference Room 1, NSH and Kawakawa Room WTH +available via zoom (unless advertised otherwise). This is protected teaching time. Any urgent messages will be redirected to the team registrar.</li> <li>• 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.</li> <li>• Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital.</li> <li>• CME Thursdays Community Room Mason Clinic</li> <li>• Teaching Roster [N/W] Wednesdays 1500, Judges Room, Rata Unit, Mason Clinic</li> <li>• Journal Club Mondays 1215 Community Room, Mason Clinic</li> <li>• Mental Health House Officer Peer Support Group Tuesdays 1400 Judges Room, Rata Unit, Mason Clinic</li> </ul>

### Section 3: Roster

Hours of Work
<p><b>Ordinary hours:</b> Ordinary hours of work are 40 hours per week Monday - Friday between 0830 – 1630</p> <p><b>After hours:</b> Acute Admitting Monday – Friday. Own service 0830 – 1630 and acute admitting 1630 - 2300 Acute Admitting Saturday – Sunday 0900 - 2300</p> <ul style="list-style-type: none"> <li>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.</li> <li>There are no night shifts expected in this rotation</li> </ul>

### Section 4: Cover

Other Resident and Specialist Cover
<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 Registrars and Psychiatrists.</p> <p>There are four Mason Clinic House Officers. Each House Officer will be assigned to a particular unit/team, however, are allocated to the Mason Clinic service as a whole, with workload reviewed daily and shared across the service.</p> <p>For all long day shifts there are two House Officers rostered across North and West Psychiatry services to enable the House Officer time to participate in psychiatric assessment after-hours including joining the crisis team and liaison team.</p> <p>The workload associated for medical cover for Psychiatric inpatient units is however for one House Officer. At times due to unexpected or short notice absence, after hours cover may reduce to minimum staffing levels of one House Officer per day. Where this occurs the cover for Liaison/ED and crisis teams will be removed from the House Officer role as shown below.</p> <p>North Psychiatry HO Cover:</p> <ul style="list-style-type: none"> <li>- KMU</li> <li>- He Puna Waiora</li> <li>- Liaison/ED (removed if only one HO is rostered to the long day)</li> <li>- Crisis team (removed if only one HO is rostered to the long day)</li> </ul> <p>West Psychiatry HO Cover:</p> <ul style="list-style-type: none"> <li>- Mason Clinic</li> <li>- Waiatarau</li> <li>- Liaison/ED (removed if only one HO is rostered to the long day)</li> <li>- Crisis team (removed if only one HO is rostered to the long day)</li> </ul>

### Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• After any assessment that identifies deficiencies implement a corrective plan of action in consultation with their consultant.</li> </ul>	<p>The service will provide:</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 teaching.</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</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 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic Hours	40.00	
Rostered additional hours (inc. nights weekends & long days)	10.06	
All other unrostered hours To be confirmed by a Run Review	TBC	
Total hours per week	50.06	

**Salary:**

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

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