

POSITION:	House Officer
DEPARTMENT:	Mental Health Services for Older Adults, Speciality Medicine & Health of Older People Division
PLACE OF WORK:	Kingsley Mortimer Unit, [Psychogeriatric Inpatient] North Shore Hospital
RESPONSIBLE TO:	Clinical Director, Mental Health Services for Older Adults Director of the Specialist Mental Health and Addiction Service, including for on-call after-hours work.
FUNCTIONAL RELATIONSHIPS:	Health care consumers, hospital and community based mental health care workers.
PRIMARY OBJECTIVE:	To facilitate the care of patients in the Kingsley Mortimer Unit.
RUN RECOGNITION:	This clinical attachment is accredited by the New Zealand Medical Council for Prevocational Training.
RUN PERIOD:	3 months

Section 1: House Officer's Responsibilities

Area	Responsibilities
Clinical Duties & Work Schedule	<p>House Officers will be responsible for the day to day management of patients, as follows:</p> <ul style="list-style-type: none"> 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>For all patients:</p> <ul style="list-style-type: none"> To monitor, in conjunction with the Registrar and/or Consultant, changes in the mental state of current patients. To maintain adequate clinical records, and complete referrals and discharge paperwork and summaries. To help arrange further psychosocial input and family meetings, together with the clinical team. To arrange basic medical care and investigations as appropriate for patients in setting(s) to which attached, in conjunction with the registrar(s) and consultant(s). To liaise with the GP at admission and discharge, and otherwise as needed. <p>In respect of acute admissions [in those units where this applies] the House Officer will:</p> <ul style="list-style-type: none"> Consult with the Registrar [or the Consultant] about all patients for admission and may undertake initial assessment and examination, where this is felt to be appropriate.

	<ul style="list-style-type: none"> Consult with the Registrar or Consultant regarding any management or treatment plans before implementing these. <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>
Administration	<ul style="list-style-type: none"> Maintain a satisfactory standard of documentation in the files of patients in accord with accepted standards for clinical records. Be responsible for certifying death and complete appropriate documentation; At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; Participate in informed consent procedures within the framework of the Medical Council guidelines which state: <ol style="list-style-type: none"> “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. Probationers should not take informed consent where they do not feel competent to do so. If absent due to unexpected circumstances (e.g. health, other), contact the RMO Support Unit or the Duty Manager directly as well as the Consultant to whom the House Officer is clinically responsible in the absent duty. As an RMO working at Waitemata DHB you will be provided with a Concerto login and a Waitemata DHB 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

Nature	Details
Protected Time	<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"> 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. 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. Grand Round is Tuesday 12.30 – 13.30 at North Shore Hospital. Mental Health Journal Club [W] Tuesdays 1330 Level 2, Waimarino, 33 Paramount Drive

Section 3: Cover

Other Resident and Specialist Cover

There are 2 House Officers and 1 Registrar employed in the Kingsley Mortimer Unit. There will be one House Officer working with a specialist Psychogeriatrician on each team. The Registrar works across both teams.

There will be support from a Geriatric Registrar to review medical issues with patients for one session per week.

Ward 12 (Kingsley Mortimer unit) cover: Medically related concerns after hours – on call mental health house officer reviews first and then refers to the on call medical registrar, as required.

Clinical attachments are to multidisciplinary teams. All doctors carry locators and many also have cell phones. Contact numbers are available via the North Shore exchange.

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.

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.

North Psychiatry HO Cover:

- KMU
- He Puna Waiora
- Liaison/ED (removed if only one HO is rostered to the long day)
- Crisis team (removed if only one HO is rostered to the long day)

West Psychiatry HO Cover:

- Mason Clinic
- Waatarau
- Liaison/ED (removed if only one HO is rostered to the long day)
- Crisis team (removed if only one HO is rostered to the long day)

Section 4: Roster

Hours of Work

Ordinary hours of work

08:00 - 16:30 Monday to Friday

The House Officer will be assigned to MHSOA during ordinary hours.

After hours:

Acute Admitting Monday – Friday. Own service 0800 – 1630 and acute admitting 1630 - 2300 Acute

Admitting Saturday – Sunday 0900 – 2300

- 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.
- There are no night shifts expected in this rotation

Section 5: Performance appraisal

<i>House Officer</i>	<i>Service</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 identified deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor 	<p>The service 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 times, and one on one teaching time; • 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; • 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 an agreed 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 • For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via e-port.

Section 6: Hours and Salary Category

Average Working Hours		Service Commitments
Basic Hours	40.00	The Service, together with the RMO Support will be responsible for the preparation of any Rosters.
Rostered Additional Hours	11.14	
All other unrostered hours (to be confirmed by a run review)	TBC	
Total hours per week	51.14	

Salary: The salary for this attachment will be detailed as a Category D run.

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