

**RUN DESCRIPTION**

<b>POSITION:</b>	House Officer PGY2
<b>DEPARTMENT:</b>	Mental Health Services, Waitemata DHB
<b>PLACE OF WORK:</b>	Takanga A Fohe Pacific Island Mental Health Addictions and Gambling Service
<b>RESPONSIBLE TO:</b>	Clinical Director and Manager of Takanga A Fohe Director of the Specialist Mental Health and Addiction Service, including for on-call after-hours work.
<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 Waitemata DHB on secondment for the duration of the clinical attachment.
<b>PRIMARY OBJECTIVE:</b>	Involvement in the management of Pacific service user (patients) and family in a supportive and stimulating learning environment.
<b>RUN RECOGNITION:</b>	The clinical attachment offered by Takanga A Fohe will provide the House Officer with experience in Community Mental Health and Pasifika Health and will assist with meeting MCNZ requirement for RMO community experience. This is a MCNZ accredited Community Based Attachment (CBA).
<b>RUN PERIOD:</b>	3 months

**Background:**

Takanga A Fohe is a Pasifika Mental Health and Addiction service providing both cultural and clinical services to the Pasifika population within the Waitemata District Health Board’s catchment area. The Takanga A Fohe service is focused on providing Pasifika and their Aiga with the best possible health outcomes for those with mental health or drug and alcohol issues.

This clinical attachment is designed to support House Officers to gain appropriate exposure to working Pacific service user in a Community Mental Health setting. This experience may assist the House Officer in making an informed decision about a future career in primary or community health. Or if the House Officer chooses to continue in secondary care, a clearer understanding of the integration between primary care and secondary care in order to improve the recovery journey of Pacific service user. This attachment, based in Takanga A Fohe services, also offers the house officer firsthand experience of acknowledged health disparities and the opportunity to consider a career that contributes to improving health and health-literacy for Pacific service user being supported by Mental Health Services at Waitemata DHB.

The training will provide a good foundation towards vocational pathways and exposure to an environment where relevant new skills and basic competencies in mental health can be learnt.

The House Officer will be part of a multidisciplinary team working together to ensure that Pacific service user receive

comprehensive care appropriate to their needs. These needs may include elements within physical, psychological, social or spiritual domains.

In delivering care in the community, particularly for people presenting with issues of high complexity, the House Officer will be immersed in cultural diversity and gain a greater understanding of differing world views on wellbeing in social contexts.

The key integrated practice concepts applied during the training are:

- Family-centered care
- The generalism of psychiatry
- Working in a multidisciplinary environment across traditional boundaries
- Evidence-based practice in psychiatry

### Section 1: Clinical Attachment

- Training will occur at Takanga A Fohe, a Pacific Mental Health Service within the Waitemata DHB catchment area. The learning will take place in clinical and community settings within the services.
- House Officer learning is supervised to ensure it is objectives driven, targeted to House Officer learning needs, and includes the principles of cultural appropriateness to practice.
- Workplace safety issues are the responsibility of the providers and House Officers will conform to all practice safety standards, according to onsite induction.

### Performance Measures

#### *Objectives of the training program*

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 Pacific service user context	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise	Training Objectives
To develop a sense of responsibility to Pacific service user, 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 Pasifika and Pacific	Cultural Competencies in Health courses available through the DHB
To develop collegial and peer associations and linkages	Included in orientation to this program. Mentoring and support

### Learning Environment

The clinical experience will be facilitated in a planned and managed learning environment, and through interactions between the House Officer and Pacific service user, and interactions with other health professionals. The House Officer will receive support and guidance from their clinical supervisor to ensure that they are meeting their learning goals, and that a representative experience of the service is gained. The run will provide the opportunity for interaction with other community services (allied health, district nursing etc) to give the House Officer a broad understanding of community mental health services.

Training is on an apprenticeship basis, and much learning is by example. The example set by the psychiatrists, General Practitioners and other staff will strongly influence the quality of the learning experience. This requires both good role modelling and constructive feedback from the supervisors and active participation by the House Officer.

The learning opportunities will include:

- Triage - the co-ordination of urgent transfer and confronting fallibility in emergency situations
- Personal management skills
- Impact of legislation
- Aspects of living in a multi-cultural community

Attendance at PGY2 protected teaching workshop days will be rostered by arrangement with RMO Support and the Clinical Education & Training Unit (maximum 3 days in the 3 month attachment).

### Specific Training Requirements and 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.

It is anticipated this position will be recognised as rewarding and that psychiatry can be a viable career option.

House Officers will have contributed to the work of the service 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 CBA and the Northern Regional Alliance.

It is expected that the house officer will experience at least 30% of the following clinical presentations during the course of the attachment:

Chronic Serious Mental Illness with metabolic syndrome	Mood Disorder
Anxiety Disorder	Personality Disorder
Pacific service user, on IMI depot olanzapine	Psychotic Disorder
Comorbid mental health and substance use disorders	Pacific service user with a history of psychological trauma

### Clinical Supervision

At PGY 2 level House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the vocationally registered psychiatrist and psychiatric registrar. 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 supervisors. Clinical supervisors will have responsibility for the House Officer’s Pacific service users 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
- Be responsible for holding and recording meetings on ePort; namely the start of attachment meeting, the mid attachment meeting and end of attachment assessment. Instruction for Supervisors in the use of ePort will be provided by the Director of Clinical training where required.
- Be available to meet with the House Officer on a daily basis to go through the management plans instituted by the House Officer for Pacific service user seen that day

## Section 2: House Officer Responsibilities

Area	Responsibility
<b>General</b>	<p>House Officers will be responsible for the day to day management of Pacific service user, and 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 Pacific service users, the House Officer will:</p> <ul style="list-style-type: none"> <li>• Monitor, in conjunction with other clinicians, changes in the mental, social or physical state of current Pacific service user.</li> <li>• Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries, for Pacific service user 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 Pacific service user’s GP.</li> <li>• Liaise with the GP at admission and discharge, and/or as needed.</li> <li>• The House Officer may need to take additional responsibility for the co-ordination of aspects of medical care of other Pacific service user.</li> <li>• The house officer will also be responsible for assisting as necessary with any medical emergencies.</li> <li>• Understand the philosophy and objectives of the service 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 Pacific service user. It requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Islands.</li> <li>• Work closely with members of the multidisciplinary team in provision of assessments for Pacific service user.</li> <li>• Develop, and implement management plans for Pacific service user in collaboration with the Pacific service user, aiga 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 Pacific service user.</li> <li>• Maintain a high standard of communication with the Pacific service user and their aiga.</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 Pacific service user especially if there is an unexpected event.</li> <li>• Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.</li> <li>• 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.</li> </ul>
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of Pacific service users. 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>

## Section 3: Training and Education

Nature	Details
Protected training time	Protected training time of two full days per attachment to attend PGY2 workshops at North Shore Hospital. This is in addition to any local teaching opportunities.
The House officer is expected to learn together with nursing, technical staff and other medical staff when requested.	

## Section 4: Roster

### *Hours of Work*

The House Officer's ordinary hours of work are Monday – Friday 0800 – 1700. This includes a 30 minute paid lunch break that can be taken away from the service. There is consultant present during these 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

During the ordinary hours the house officer will be allocated to clinical activities and non-clinical activities. Timetabling of session with the supervisor, clinical activities, non-clinical activities and protected training time may be subject to change. Clinical activities may include Pacific service user care and administration related to Pacific service user care, multidisciplinary meetings, audit and quality assurance activities. Case conferences and reviews, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and Pacific service users' families, preparation of clinical reports are also within the remit of clinical work.

Non-clinical activities may include theoretical learning sessions, teaching (including preparation time and preparation of educational resources), networking with colleagues, and supervision sessions. In addition practice administration, general reading or research, planning meetings, preparation of clinical resources and time spent visiting other community services for the broader understanding of the primary health care environment are considered as non-clinical work.

## Section 5: Cover

### *Cover*

There is one house officer on this run and there is a supervising SMO (Clinical Supervisor) on-site during all hours that the house officer is required to work.

Clinical attachments are to multidisciplinary teams and include one or more Psychiatry Registrars and Specialist Psychiatrists. All doctors carry locators and many also have cell phones. Contact numbers are available via the North Shore Hospital exchange. The Forensic Psychiatrist can be contacted via the Mason Clinic switchboard on 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
- Waiatarau
- 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 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 Community Provider 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 time, and one on one teaching time. This meeting will be recorded on ePort</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. This meeting will be recorded on ePort</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. The final assessment will be recorded on ePort under the designated domains as well as in the free text sections.</li> <li>For PGY 1 and PGY 2 end of run meetings and assessments will be documented electronically via ePort.</li> </ul>

## Section 7: Leave

<i>House officer</i>	<i>Community Provider and Waitemata 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 others in the service.</li> <li>Submit their application for leave electronically through the RMO Leave Kiosk.</li> </ul>	<p>The Community Provider will:</p> <ul style="list-style-type: none"> <li>Arrange cover for leave once WDHB have confirmed that the leave request has been approved.</li> </ul>

## Section 8: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic Hours (Mon – Fri)	40	The service, together with RMO Support will be responsible for the preparation of any rosters
Rostered Additional Hours (inc. weekends & long days)	12.56	
All other unrostered hours	TBC	
To be confirmed by a run review		
Total Hours per week	52.56	

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

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