

Run Description

POSITION:	House Officer
DEPARTMENT:	Mental Health Services for Older Adults (MHSOA) – West Community Team
PLACE OF WORK:	Level 3, Snelgar Building.
RESPONSIBLE TO:	Clinical Supervisor and Manager of MHSOA Community Team for all clinical and training matters Director of the Specialist Mental Health and Addiction Service, including for on-call after-hours work.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, community based health care workers and non-clinical staff. Professional relationships with the clinical supervisor and other specialists
EMPLOYMENT RELATIONSHIPS:	Health care consumers, hospital and community based mental health care workers.
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at MHSOA West Community Team in a learning environment
RUN RECOGNITION:	The clinical attachment offered by MHSOA Community Team will provide the House Officer with experience in care in a non-hospital setting and will assist with meeting MCNZ requirement for RMO community experience
RUN PERIOD:	3 months

Background:

Mental Health Services for Older Adults (MHSOA) serves the Waitemata population of adults over 65 experiencing acute mental illness or behavioural difficulties associated with dementia.

The West MHSOA Community Mental Health Team serves the same age group and works with service users from acute crisis through to continuing care with integrated Maori and Pacifica services. There is a multi-disciplinary group of staff providing assessment and treatment for service users over the age of 65 with mental health problems of a severity which requires secondary services. The team comprises Registered Nurses, Consultant Psychiatrists, Consultant Physician, Occupational Therapists, Social Workers, Clinical Psychologists, Registrar and admin staff.

MHSOA services also include: Ward 12 on the North Shore Hospital site, a 19 bed unit serving the Waitemata population of adults over 65. KMU is an acute admission wards open 24 hours/ 7 days providing specialist assessment, treatment and diagnosis to people experiencing acute mental illness or behavioural difficulties associated with dementia.

There may be an opportunity to observe Electro Convulsive Therapy (ECT) as this service is contributed to by MHSOA SMOs.

Section 1: Clinical Attachment

Training will occur at Level 3, Snelgar Building, Waitakere Hospital, 55-75 Lincoln Road, Henderson, a community mental health service for older adults within the WDHB catchment area. Learning will take place in clinical and community settings within this practice.

The general requirement for attachments is to ensure a range of relevant experience.

Supervision will ensure that House Officers' learning is objectives-based, targeted to House Officers' learning needs, and that there is application of the principles of cultural appropriateness to practice.

The House Officer will be allocated time to review and become familiar with the practice's safety standards which will be covered during the orientation period at the beginning of the attachment. Workplace safety issues are the responsibility of the providers and House Officers will conform to all practice safety standards.

Objectives of the training program

Objective:	Achieved by:
To experience and participate in community psychiatry.	Training Objectives
To promote psychiatry as viable and rewarding careers option.	Quality of the experience. Mentoring and clinician feedback/discussion
To take advantage of the community setting to appreciate patient context	Supervisor and clinician feedback/discussion
To continue to acquire medical knowledge and expertise	Training Objectives
To develop a sense of responsibility to patients, 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 Maori and Pacific	Attend our in-house Cultural Competencies in Health courses.
To develop collegial and peer associations and linkages	Included in orientation to this program. Mentoring and support.

Learning Environment

Training will be facilitated through the creation of a planned and managed learning environment achieved through interactions between the House Officer and patients and interactions with other health professionals in the local area. The House Officer will receive support and guidance to ensure that learning occurs, and that a representative experience is obtained. The run will provide the opportunity for attachment to other community provided services (allied health, district nursing etc.) to give the House Officer a broad understanding of community mental health.

Training is on an apprenticeship basis, and much learning is by example. The example set by the psychiatrists and other staff in the practice will strongly influence the quality of the learning experience. This requires both good role modelling by the supervisors and active participation by the House Officer, with constructive feedback given to the House Officer. It is essentially a 'hands-on' placement where the House Officer will contribute to the work of the practice.

The House Officer will learn:

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

The House Officer may also be exposed to:

- Impacts of legislation
- Skills in the use of technology – x-ray machines, reading film, ECGs,

Specific Training Requirements

During this attachment the following situations or cases will normally present and it is expected that the House Officer will experience a number of the following cases or situations during the course of the attachment.

Bipolar disorder	Anxiety disorders
Schizophrenia	Dementia
Depression	

Clinical Supervision

At PGY 2 level House Officers will require a high degree of supervision and support. Clinical supervision will be provided by the psychiatrist. 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 supervisor. Clinical supervisors will have responsibility for the House Officer’s patients 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
- Usually not have more than one House Officer under their supervision
- Arrange for alternative supervisor to cover any periods of absence

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.

House Officers will have contributed to the work of the practice 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 host practice and the Northern Regional Alliance.

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

Section 2: House Officer’s Responsibilities

Area	Responsibilities
<p>General</p>	<p>House Officers will be responsible for the day to day management of patients, as follows: 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 the House Officer will:</p> <ul style="list-style-type: none"> • Monitor, in conjunction with the Registrar and/or Consultant, changes in the mental state of current patients. • Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries. • Help arrange further psychosocial input and family meetings, together with the clinical team. • Arrange basic medical care and investigations as appropriate for patients in setting(s) registrar(s) and consultant(s). • Liaise with the GP at admission and discharge, and otherwise as needed • The House Officer will need to take additional responsibility for the co-ordination of aspects of medical care of patients on these teams, and interface with geriatric services. The house officer will also be responsible for assisting as necessary with any medical emergencies. • Understand the philosophy and objectives of the service and set goals for Practice within this framework. • 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 patient. This requires an understanding of Māori health goals and working in accordance with the principles of the Treaty of Waitangi. It also requires an understanding of the different health needs of other minority ethnic groups, including needs that may be specific to Pacific Island and Asian peoples. • Work closely with members of the multidisciplinary team in provision of assessments for patients. • Develop, and implement management plans for patients in collaboration with the patient, family, whānau and other members of the multidisciplinary team. • Undertake diagnostic and treatment procedures. • Monitor and review management plans in accordance with changes in the clinical condition of patients. • Maintain a high standard of communication with patients, patients’ families and whanau. • Maintain a high standard of communication with hospital and community health professionals and other staff. • Inform named supervisor of the status of patients especially if there is an unexpected even • Attend scheduled multidisciplinary team review rounds, medical team and departmental Meetings • Ensure that necessary information is handed over to RMO or other colleagues at the end of care and attention to priority tasks.

Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients in accordance with accepted standards for clinical records. All prescriptions and notes are to be signed, with a printed name legibly recorded. • Participate in research and audit as agreed with training supervisor. • At the direction of the Clinical Director, assist with operational research in order to enhance the performance of the Service; • If absent due to unexpected circumstances (e.g. health, other), contact the Medical Co-ordinator directly. If your message is unacknowledged, call the Consultant to which the House Officer is clinically responsible in the absent duty. • 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.
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Section 3: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday 0730 – 1630. This includes a 30 minute paid lunch break. There is consultant present during these hours.

The house officer will also work 1:7 acute admitting weekday shifts from 0730 – 2300 and 1:7 acute admitting Saturday/Sunday shifts from 0900 – 2300. House officers are expected to be on site for their afterhour's duties. These sites include Mason Clinic (Forensics), North Shore Hospital Campus and Waitakere Hospital campus.

The scheduled week day activities are shown below. In addition to activities shown in the weekly schedules the House Officer will be allocated to clinical activities and non-clinical activities as well as two hours of protected training time. The timetabling of these sessions may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	08:45 – 11:00 MDT meeting	08:45 – 9:15am MDT meeting	08:45 – 9:15am MDT meeting	08:45 – 9:15am MDT meeting	08:45 – 9:15am MDT meeting
p.m.	12:00 – 14:00 Practical Skills training, Seminar Room 1, Learning and Development, NSH.	13:30 Mental Health Journal Club, Level 2, Waimarino, 33 Paramount Drive		12:30 – 14:30 House Officer teaching, Kawakawa Room WTH	

Clinical activities may include ward rounds, ward work, reading and responding to patient referral letters, grand rounds, multi-disciplinary meetings, audit and quality assurance activities, case conferences and reviews, research and study related to the treatment of a specific patient, telephone and other ad hoc consultations, community health promotion activities, discussions and meetings with care givers and patients' families, preparation of police, coroner, legal, ACC & similar reports.

Non - clinical activities may include teaching - (including preparation time), educational or personal supervision, service or department administration, research, planning meetings, preparation of educational resources and preparation of clinical resources.

Section 4: Cover

There is one House Officer on this run at any one time and there is an experienced specialist available on-site during all hours that the House Officer is required to work.

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
- Waiaatarau
- 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 5 : Training and Education

Nature	Details
Protected Training Time	Protected training time of 2 hours per week will be allocated for CME, professional development, medical learning and to attend teaching sessions with the training supervisor, and relevant teaching rounds.

Section 6: Performance appraisal

<i>House Officer</i>	<i>Community Provider</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 identifies deficiencies, implement a corrective plan of action in consultation with their Clinical Supervisor. 	<p>The Community Provider 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 a 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 7: Leave

<i>House officer</i>	<i>Community Provider</i>
<p>The House Officer will:</p> <ul style="list-style-type: none"> • Apply for leave as soon as possible; this leave will be covered by other psychiatrists in the practice. • Submit their application for leave to the service for processing. 	<p>The Community Provider will ensure:</p> <ul style="list-style-type: none"> • Arrange cover for leave once WDHB have confirmed that the leave request has been approved.

Section 8: Hours and Salary Category

Average Working Hours	Community Provider Commitments
<p>Basic hours 40.00 (Mon-Fri)</p> <p>Rostered additional hours 12.56 (inc. nights, weekends & long days)</p> <p>All other unrostered hours TBC To be confirmed by a Run Review</p> <p>Total hours 52.56</p>	

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 D until the hours are confirmed by a run review.