

## Run Description

<b>POSITION:</b>	House Officer
<b>DEPARTMENT:</b>	Maternal Mental Health
<b>PLACE OF WORK:</b>	Whirinaki, Springs Road, East Tamaki
<b>RESPONSIBLE TO:</b>	Clinical Supervisor and Manager of the Maternal Mental Health Team for all clinical and training matters
<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 Counties Manukau District
<b>PRIMARY OBJECTIVE:</b>	Involvement in the medical and psychiatric management of patients in the Maternal Mental Health Community Team in a learning environment
<b>RUN RECOGNITION:</b>	The run has been accredited by MCNZ as a community-based attachment.
<b>RUN PERIOD:</b>	3 months

### **Background:**

Maternal Mental Health is a team of experienced health professionals skilled in helping mothers with mental health conditions related to having a baby. Our specialised team offers assessment, treatment and advice for women who have developed mental illness during the perinatal period (during pregnancy or up to one year after the baby is born).

Our goal is to support mothers to recover from mental illness with an understanding of the unique challenges that they face; and to support the development of a healthy mother-baby relationship during this time.

Our team consists of mental health nurses, social workers, psychiatrists, clinical psychologists and occupational therapists with specialist knowledge and experience in this field.

### **Section 1: Clinical Attachment**

Training will occur at Whirinaki (Springs Road, East Tamaki), where the Maternal Mental Health team is based, with a mixture of clinical and community settings. 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 Maternal Mental Health services safety standards, which will be covered during the orientation period at the beginning of the attachment. Workplace safety issues are the responsibility of the provider and House Officers will conform to all practice safety standards.

### Objectives of the training programme

Objective:	Achieved by:
To experience and participate in community mental health.	<ul style="list-style-type: none"> <li>• Exposure to a highly functioning community mental health team.</li> </ul>
To promote psychiatry as a viable and rewarding career option.	<ul style="list-style-type: none"> <li>• Quality of experience.</li> <li>• Mentoring and clinician feedback/discussion</li> <li>• Working within a community mental health team</li> </ul>
to appreciate patient context through exposure to community mental health	<ul style="list-style-type: none"> <li>• Supervisor and clinician feedback/discussion</li> <li>• Interactions with patients and whānau</li> <li>• Interactions with other health care professionals</li> </ul>
To continue to acquire medical knowledge and expertise and to develop new clinical skills	<ul style="list-style-type: none"> <li>• Training Objectives</li> <li>• Exposure to the vast range of healthcare needs present in a community mental health setting</li> <li>• Mentoring and clinician feedback/discussion</li> <li>• Exposure to mental health specific education and training</li> </ul>
To develop a sense of responsibility to patients, staff, and community	<ul style="list-style-type: none"> <li>• Participation in Peer review</li> <li>• Exposure to the Maternal Mental Health service's culture and philosophy of care</li> <li>• Development of trusted relationships with patients and whānau</li> </ul>
To develop appropriate interpersonal and communication skills	<ul style="list-style-type: none"> <li>• Customised input to meet the individual's specific needs.</li> <li>• Feedback from supervisor and peers</li> <li>• Exposure to mental health specific education and training</li> </ul>
To gain an understanding of relevant cultures including Maori and Pacific	<ul style="list-style-type: none"> <li>• Attend our in-house Cultural Competencies in Health courses.</li> <li>• Completing CALD-1 e-learning.</li> <li>• Being exposed to the community of Counties Manukau</li> <li>• Exposure to practice staff, culture and philosophy of care</li> <li>• Interactions with patients and whānau</li> </ul>
To develop collegial and peer associations and linkages	<ul style="list-style-type: none"> <li>• Included in orientation to this programme</li> <li>• Mentoring and support.</li> </ul>

<b>Learning Environment</b>	<p>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 Maternal Mental Health service. 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 interaction with other community provided services (allied health, district nursing etc) to give the House Officer a broad understanding of community mental health.</p> <p>Training is on an apprenticeship basis, and much learning is by example. The example set by the psychiatrists and other staff in the Maternal Mental Health team 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.</p>
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	<p>It is essentially a 'hands-on' placement where the House Officer will contribute to the work of the Maternal Mental Health team. Supervision will ensure that learning is objectives-based, targeted to learning needs and that there is application of the principles of cultural appropriateness to practice.</p> <p>Learning will be facilitated through:</p> <ul style="list-style-type: none"> <li>• Experience with a multi-cultural community</li> <li>• Interactions with patients and their whānau</li> <li>• Working within a highly functioning multi-disciplinary community mental health team</li> <li>• Developing an appreciation of how care in community settings operates</li> <li>• Interactions with other health professionals both within the community mental health setting and in the local area</li> <li>• Regular mentoring sessions with the Psychiatrist supervisor or other experienced Psychiatrists</li> <li>• Participation in education and training sessions</li> </ul> <p>The House Officer will learn:</p> <ul style="list-style-type: none"> <li>• Triage, the co-ordination of urgent transfer and confronting fallibility in emergency situations</li> <li>• Personal management skills</li> <li>• Impacts of legislation</li> <li>• Aspects of living in a multi-cultural community</li> </ul>
<b>Specific Training Requirements and Expected Outcomes</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• Bipolar disorder</li> <li>• Psychosis</li> <li>• Anxiety disorders</li> <li>• Depression</li> </ul> <p>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 district.</p> <p>House Officers will have contributed to the work of the Maternal Mental Health team during their placement.</p> <p>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 provider and RMO Workforce Operations.</p> <p>It is anticipated this position will be recognised as rewarding and that psychiatry can be a viable career option.</p>
<b>Clinical Supervision</b>	<p>At PGY 2 level House Officers will require a high degree of supervision and support. 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 House Officer. 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.</p> <p>An experienced Fellow of the College of Psychiatrists will be allocated to the House Officer as their primary clinical supervisor. The primary supervisor or an alternate Clinical Supervisor will be available on-site where the House Officer is</p>

	<p>required to work or be placed at all times.</p> <p>The House Officer will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the House Officer's patients and will:</p> <ul style="list-style-type: none"> <li>• Create and maintain a suitable individual learning environment for the House Officer.</li> <li>• Act as a mentor for the House Officer.</li> <li>• Make sure that a wide range of opportunities for clinical skill development is available to the House Officer.</li> <li>• Ensure that the House Officer has a level of supervision appropriate to his/her skill level.</li> <li>• Provide guidance to the House Officer on the development of clinical strategies, knowledge, and skills objectives.</li> <li>• Provide guidance and advice to House Officers regarding the cultural appropriateness of care provided.</li> <li>• Will not have more than one House Officer under their supervision.</li> <li>• Provide a report to the DHB which employs the House Officer via the NRA at the end of the placement.</li> <li>• Arrange for alternative supervisor to cover any periods of absence.</li> </ul>
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## Section 2: House Officer's Responsibilities

Area	Responsibilities
General	<p>House Officers will be responsible for the day-to-day management of a small caseload of patients, as follows: To carry a caseload in consultation with the Consultant. This will be smaller than the caseload that would be normally carried by a team's registrar[s]. For these patients the House Officer will:</p> <ul style="list-style-type: none"> <li>• Monitor, in conjunction with the Consultant, changes in the mental state of current patients.</li> <li>• Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries, for patients 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 patient's GP.</li> <li>• Liaise with the GP at admission and discharge, and otherwise as needed.</li> <li>• The House Officer may need to take additional responsibility for the co-ordination of aspects of medical care of other patients and interface with other services. The house officer will also be responsible for assisting as necessary with any medical emergencies.</li> <li>• Understand the philosophy and objectives of the Maternal Mental Health community team 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 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.</li> <li>• Work closely with members of the multidisciplinary team in provision of assessments for patients.</li> <li>• Develop, and implement management plans for patients in collaboration with the patient, family, whānau 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 patients.</li> <li>• Maintain a high standard of communication with patients, patients' families and whānau.</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 patients especially if there is an unexpected event.</li> <li>• Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.</li> </ul>

<b>Administration</b>	<ul style="list-style-type: none"> <li>• Maintain a satisfactory standard of documentation in the files of patients. 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>
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### Section 3: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday 0800 – 1630. This includes a 30-minute unpaid lunch break which can be taken away from the community provider.

During the attachment, the House Officer will be allocated to a range of clinical and non-clinical activities. These activities may include (but not limited to):

Clinical Activities	Non-Clinical Activities
<ul style="list-style-type: none"> <li>• Reading and responding to patient referral letters</li> <li>• Grand rounds, multi-disciplinary meetings, audit and quality assurance activities</li> <li>• Case conferences and reviews</li> <li>• Research and study related to the treatment of a specific patient.</li> <li>• Telephone and other ad hoc consultations.</li> <li>• Community health promotion activities</li> <li>• Discussions and meetings with caregivers and patients' families</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching (including preparation time)</li> <li>• Educational or personal supervision</li> <li>• Service or department administration.</li> <li>• Research</li> <li>• Planning meetings</li> <li>• Preparation of educational resources</li> <li>• Preparation of clinical resources.</li> </ul>

The scheduled weekday activities are shown below. In addition to these activities, 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.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>a.m.</b>	08:30 Handover	08:30am Handover	08:30am – Handover	08:30am Handover	08:30am Handover
<b>p.m.</b>	1400 – House Officer Teaching				

### Section 4: Cover and Leave

There is one House Officer on this run at any one time.

Cover for planned or unplanned leave is provided by the Maternal Mental Health team.

<i>House officer</i>	<i>Community Provider and Counties Manukau District</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 other physicians in the Maternal Mental Health team.</li> <li>• Submit their application for leave through the RMO Leave Kiosk</li> </ul>	<p>The Community provider will ensure:</p> <ul style="list-style-type: none"> <li>• Arrange cover for leave once Counties Manukau District have confirmed that the leave request has been approved.</li> </ul>

## 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.
	<ul style="list-style-type: none"> <li>• The House Officer is expected to contribute to the education of nursing, technical staff and medical staff when requested.</li> <li>• Attendance at a PGY2 protected teaching workshop day will be rostered by arrangement with RMO Support and the Medical Education &amp; Training Unit</li> </ul>

## 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 CMHC 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 times, and one on one teaching time.</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.</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 7: Hours and Salary Category

Average Working Hours		Community Provider Commitments
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	0	
All other unrostered hours	TBC	
Total hours	40	

**Salary:** The salary for this run will be an F run category.

As the salary falls below the middle of the salary band, it will be paid as a category F rotation until a run review confirms the unrostered hours.