

Run Description

POSITION:	House Officer
DEPARTMENT:	Awahi Mātua (Mental Health Services for Older People – Community Team)
PLACE OF WORK:	Greenlane Clinical Centre Bldg. 14
RESPONSIBLE TO:	Clinical Supervisor and Clinical Team Leader for all clinical and training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumers, community based health care workers and non-clinical staff. Professional relationships with the clinical supervisor and other specialists.
EMPLOYMENT RELATIONSHIPS:	Employed by Te Toka Tumai and on secondment for the duration of the clinical attachment.
PRIMARY OBJECTIVE:	Involvement in the medical management of patients at Awahi Mātua in a learning environment.
RUN RECOGNITION:	The clinical attachment will provide experience in care in a non-hospital setting and will assist with meeting MCNZ requirements for a community experience. This run is accredited by the MCNZ as a Community Based Attachment (CBA)
RUN PERIOD:	3 Months

Background:

Awahi Mātua serves the central Auckland population of adults over 65 experiencing acute mental illness or behavioural difficulties associated with dementia.

The team works with service users from acute crisis through to continuing care. The multi-disciplinary team provide assessment and treatment for service users over the age of 65 with mental health problems of a severity that requires secondary services. The team comprises Community Mental Health Nurses, Consultant Psychiatrists, a Nurse Practitioner, Occupational Therapist, Social Workers, Clinical Psychologists, Registrar, Clinical Team Leader, Clinical Coordinator and team administrators.

Section 1: Clinical Attachment

Training will occur at the Greenlane Clinical Centre, Building 14, a community mental health service for older adults within the Te Toka Tumai district. The service is open from 0800 – 1630 Monday to Friday.

House Officer learning is supervised to ensure it is objectives driven, targeted to the House Officer's learning needs and includes an understanding of safe conduct in a community environment.

The House Officer will be allocated time to review and become familiar with the community provider'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 provider and House Officers will comply with the provider's safety standards.

Training Programme Objectives

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

Learning Environment

Learning will be facilitated in a planned and managed learning environment achieved through interactions between the House Officer and patients, interactions with other health professionals in the local area, and includes support and guidance to ensure that learning occurs, and that a representative experience is obtained.

Training is on an apprenticeship basis, and much learning is by example. The example set by the community provider, supervisors and other staff in the practice strongly influences the quality of the learning experience. This requires both good role modelling by the supervisors and active participation by the House Officer, with a willingness to give and receive constructive feedback.

It is a 'hands-on' placement where the House Officer will contribute to the work of the community provider and in return can grow and learn from the immersive experience. 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.

Learning will be facilitated through:

- Experience with a multicultural community
- Interactions with patients and their whānau
- Working within a highly functioning multi-disciplinary community provider team
- Developing an appreciation of how care in community settings operates
- Interactions with other health professionals both within the community provider team and in the local area
- Regular mentoring sessions with the supervisor or other experienced physicians
- Participation in education and training sessions, including peer group meetings

Specific Training Requirements

During this attachment, the House Officer will be exposed to many different medical issues. It is expected that the House Officer actively participates in all aspects offered by the provider.

It is expected that the House Officer will experience the following situations or cases during the attachment:

- Bipolar disorder
- Schizophrenia
- Depression
- Anxiety disorders
- Dementia

The House Officer will gain meaningful experience in community mental health, become familiar with community-based services and better appreciate the interface issues between health professionals.

Clinical Supervision

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 the 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.

An experienced Psychiatrist 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 required to work or be placed at all times.

The House Officer will work directly with the clinical supervisor. Clinical supervisors will have responsibility for the House Officer's patients and will:

- Act as a mentor to the House Officer
- Ensure that a wide range of opportunities for clinical skill development is available
- Ensure that the House Officer has a level of supervision appropriate to their needs.
- Provide guidance to the House Officer on the development of clinical strategies, and attainment of knowledge, and skills objectives.
- Provide guidance and advice to House Officers on the cultural appropriateness of care.
- Usually not have more than one House Officer under supervision at one time.
- Provide a report to the District which employs the House Officer via Health New Zealand – Te Whatu Ora Workforce Operations at the end of the placement
- Arrange for an alternative supervisor to cover any periods of absence
- Liaise with other day to day clinical supervisors for feedback to inform ePort recordings
- Liaise with the Prevocational supervisor and/or Director of Clinical Training if and as needed.

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 Consultant. This will be smaller than the caseload carried by the team's registrar[s]. For these patients the House Officer will:</p> <ul style="list-style-type: none"> • Monitor, in conjunction with the Registrar, changes in the mental state of current patients. • Maintain adequate clinical records, and complete referrals and discharge paperwork and summaries, for patients under the care of the House Officer. • Help arrange further psychosocial input and family meetings, together with the clinical team. • Arrange basic medical care and investigations as appropriate, in collaboration with the patient's General Practitioner. • Liaise with the GP at admission and discharge, and otherwise as needed. • The House Officer may need to take additional responsibility for the co-ordination of aspects of medical care of patients including appropriate 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 Awhi Mātua. • 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, in the service. • 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 event. • Attend scheduled multidisciplinary team review rounds, medical team and departmental meetings.
<p>Administration</p>	<ul style="list-style-type: none"> • 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. • Participate in research and audit as agreed with the training supervisor.

Section 3: Weekly Schedule

The House Officer's ordinary hours of work are Monday – Friday 0800 – 1700. This includes a 30-minute un-paid lunch break, which can be taken away from the Awhi Matua offices.

In addition, the House Officer will participate in the General Medicine after hour's roster for Auckland City Hospital working a Saturday and Sunday admitting duty 1400-2200 at a ratio of 1:5 weekends.

The scheduled weekday activities are shown below. The timetabling of these sessions may be subject to change.

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	8.30am Team Meeting	08:30am – 09:00am Team Meeting	08:30am – Team meeting	08:30am Team Meeting	08:30am Team Meeting
	9am-12pm MDT 12-1pm In service (fortnightly)	9.30-10am Liaison meeting with geriatricians Community Reviews	9-9.45am Meeting with FMU inpatient team Community Reviews	Community Reviews	Community Reviews
p.m.	12:30pm Grand Rounds – Auckland City Hospital Community Reviews	Community Reviews/Medical Student Teaching 1400 – 1600 House Officer teaching - ACH	Community Reviews/Audit/Self directed learning	Community Reviews	Supervision Community Reviews

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

<i>Clinical Activities</i>	<i>Non-Clinical Activities</i>
<ul style="list-style-type: none"> • Patient care including assessment, diagnosis, investigation and management • Clinical documentation and administration related to patient care • Discussion of cases with other clinicians both ad-hoc and as part of multidisciplinary meetings • Review of investigations • Arranging acute admission to hospital • Referring for specialist advice and management, both private and public • Engagement with whanau and/or other carers • Clinical audit and quality assurance activities • Case conferences and reviews • Telephone and other ad hoc consultations, • Preparation of clinical reports. 	<ul style="list-style-type: none"> • Theoretical learning sessions • Teaching (including preparation time and preparation of educational resources) • Networking with colleagues • Supervision sessions • Practice administration • General reading or research • Planning meetings • Preparation of clinical resources • Visiting other community services for a broader understanding of the primary healthcare environment

Section 4: Cover and Leave

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

Cover for planned and unplanned leave is provided by the community provider. Except that, the General Medicine service will provide cover for the General Medicine after-hours roster.

<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 via the RMO Leave Kiosk 	<p>The Awahi Mātua will:</p> <ul style="list-style-type: none"> • Arrange cover for leave once the district has confirmed that the leave request has been approved. • Approved leave will be covered by the community provider

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.
The House Officer is expected to contribute to the education of nursing, technical staff and medical staff when requested.	

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>Awahi Mātua 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: Hours and Salary Category

Average Working Hours		Community Provider Commitments
Basic hours (Mon-Fri)	40.00	
Rostered additional hours (inc. nights, weekends & long days)	3.2	
All other unrostered hours	2	
Total hours	45.2	

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