



RUN DESCRIPTION

POSITION:	Senior House Officer
DEPARTMENT:	Acute Mental Health Inpatient Service
PLACE OF WORK:	Te Whetu Tawera (Building 35, Auckland City Hospital)
RESPONSIBLE TO:	Director of ADHB Mental Health Services (level 2); and Te Whetu Tawera Clinical Director (level 3) and the supervising Psychiatrist for clinical matters. The Manager for administrative matters. The Coordinator of Training for training matters.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community based healthcare workers including General Practitioners
PRIMARY OBJECTIVE:	To facilitate the management of patients under the care of the Mental Health Service
RUN RECOGNITION:	This run is recognised by the RANZCP as a training position for specialist qualification
RUN PERIOD:	6 months fixed period from June – December 2010

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<ul style="list-style-type: none"> • In conjunction with the supervising Consultant Psychiatrist, manage the assessment and admission of patients referred to the service. This Psychiatric assessment includes relevant assessment of physical health issues. • Undertake general clinical responsibilities as directed by the supervising Psychiatrist and organise relevant investigations, ensure the results are followed up, sighted and signed; • Responsible for day to day management of patients, in consultation with others involved in the care of the patient (Multi disciplinary team); • Develop and implement treatment plans in collaboration with the patient, family or whanau and the referring agency; • Monitor and review treatment plans in accordance with changes in the clinical condition of patients; • Undertake diagnostic and treatment procedures appropriate to the

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Area	Responsibilities
	<p>service;</p> <ul style="list-style-type: none"> • Participate in regular reviews of all patients under the care of the clinical team in conjunction with the multidisciplinary team; • Maintain a high standard of communication with patients, patients' families/whanau and staff; • Work closely with the team, provide supervision and share responsibilities where and when appropriate in conjunction with the supervising Psychiatrist. • Inform consultants of the status of patients especially if there is an unexpected event; • Attend hand-over, team and departmental meetings as required.
Inpatients	<ul style="list-style-type: none"> • When allocated ward duties within the service undertake regular examination management of, and updating of management plan of admitted patients for whom the service is responsible on a frequency agreed with the services Clinical Director; • Ensure relevant documents, e.g. discharge summary, medication record and follow-up appointments are given to patient on discharge as necessary. • Ensure weekend plans for patient's management are documented in the notes; • When not on duty on Friday evening or the weekend, inform the on-duty medical staff about patients whose condition requires monitoring and review; • Complete documentation on Friday prior to known or likely weekend discharges.
Administration	<ul style="list-style-type: none"> • Maintain a satisfactory standard of documentation in the files of patients, including rationale for assessment and treatment plans and review of those plans. All prescriptions and notes are to be signed, with a printed name and locator number legibly recorded; • Be responsible for certifying death and complete appropriate documentation; • At the direction of the Director of Mental Health or services Clinical Director, assist with operational research in order to enhance the performance of the Service; • Write discharge summaries on patients that are discharged by their team and letters to General Practitioners following outpatient visits in a timely fashion; • Obtain informed consent for procedures within the framework of the Medical Council guidelines which state: <ul style="list-style-type: none"> 1. <i>"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."</i> 2. <i>"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."</i>

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Section 2: Training and Education

<i>Nature</i>	<i>Details</i>
<i>Protected Time</i>	<p><i>The following educational activities will be regarded as part of normal duties (unless attendance is required for other duties as per roster)</i></p> <ul style="list-style-type: none"> • Service and unit based education sessions will be attended as scheduled, including 12.30 Monday - Grand Round. • The House Officer will attend at least 1 hour of individual supervision each week with the supervising Psychiatrist, at a time to be arranged with the Psychiatrist. • The House Officer will attend weekly meetings with the Training Facilitator or Director at 0830 Fridays. • At least 4 hours of supervision of clinical practice will be provided each week. • The House Officer may choose to attend the Registrar teaching programme as scheduled by the Regional Training Coordinator on a Wednesday, however this is not a requirement. • Orientation at the beginning of the run.

Section 3: Cover:

<i>Other Resident and Specialist Cover</i>
A consultant will be available at all times to provide supervision to the House Officer.

Section 4: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The House Officer will:</i></p> <ul style="list-style-type: none"> • At the outset of the run meet with their designated consultant to discuss goals 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 Consultant; and with the Training Facilitator as appropriate. 	<p><i>The service will provide,</i></p> <ul style="list-style-type: none"> • An initial meeting between the Consultant and House Officer to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. • An interim assessment report on the House Officer 7 weeks into the run, after discussion between the House Officer and the Consultant responsible for them; • The opportunity to discuss any deficiencies identified during the attachment. The Consultant 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; • A final assessment report on the House Officer at the end of the run, a copy of which is to be sighted and signed by the House Officer.

Section 5: Hours and Salary Category

- Ordinary hours of work are normally 40 hours per week (Monday - Friday 0830 - 1630).

<i>Average Working Hours</i>	<i>Service Commitments</i>
<p>Basic hours (Mon-Fri) 40.0</p> <p>Rostered additional hours (inc. nights, weekends & long days) 0</p> <p>All other unrostered hours 2</p> <p>Total hours per week 42.0</p>	<ul style="list-style-type: none"> • The Service, together with the RMO Support Unit will be responsible for the preparation of any Rosters.

Salary The salary for this attachment will be as detailed as a Category F.

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