

RUN DESCRIPTION

POSITION:	Registrar 2 nd year +
DEPARTMENT:	Mental Health Services – East Team MHSOP
PLACE OF WORK:	Middlemore Hospital and Psychogeriatric Service
RESPONSIBLE TO:	General Manager and Clinical Director, Mental Health Services through the supervising Consultant and Service Manager
FUNCTIONAL RELATIONSHIPS:	Health care consumers, Hospital & Community based health care workers.
NATURE OF ATTACHMENT:	The attachment is to multidisciplinary teams in both Inpatient service and Community. At times there may also be a Trainee Intern and medical student(s).
PRIMARY OBJECTIVE:	To facilitate the management of clients under the care of the Service.
RUN RECOGNITION	This attachment is recognised by RANZCP as a training position for specialist qualification.
RUN PERIOD:	6 Months

Section 1: Registrar’s Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p>Clinical Duties</p> <ul style="list-style-type: none"> The Registrar is responsible to his/her supervising Consultant for the care and management of clients in their service area. The Registrar will have three areas of practice; responsibility for those inpatients under the care of the MHSOP East Team, providing Consultation-Liaison assessments and follow up of inpatients under the care of AT&R (Wards 5, 23,24), and conducting Community assessments and follow-up of Community clients in the area served by the MHSOP- East Team. Should there only be one Registrar attached to MHSOP, then the Registrar’s primary responsibility will be the inpatients in Ward 35 (covering both MHSOP Teams). The Registrar will admit, document and manage the psychiatric and medical needs of clients on Ward 35 under the care of the Team. This will be under the supervision of the named consultant and GP Consultant and with the assistance of a House Officer. The Registrar will be responsible for the ongoing assessments and reviews of inpatients and checking of investigation results. The Registrar will ensure that the Consultant is informed of all

Area	Responsibilities
	<p>significant events in the course of the care of clients under his/her care. (e.g. absence from treatment or unexplained absence from usual domicile, change in mental state, unusual laboratory findings, non-concordance with treatment, etc) as well as any unusual peaks in workload and will update the Consultant on any significant changes in patient management. Registrars will also ensure that arrangements are made for medical care of clients when appropriate.</p> <ul style="list-style-type: none"> • The Registrar will attend ward rounds, MDT meetings, Family meetings and the MHSOP Team morning meetings. • The Registrar will be responsible for the day to day management of patients as follows: <ul style="list-style-type: none"> ➤ the assessment of patients referred, including relevant assessment and ongoing management of physical health issues ➤ psychiatric and medical admissions of clients referred to Ward 35 ➤ collection of collateral history about clients from families or other providers, ➤ the development and implementation of treatment plans, in conjunction with the client and caregivers, community mental health centre team members and the supervising Psychiatrist ➤ ongoing monitoring and review of treatment plans in clients ➤ maintenance of adequate records for the documentation of assessment, treatment plans and ongoing review of clients, including rationale for such plans and reviews ➤ participation in a multidisciplinary approach to treatment, • The Registrar will hand over any expected admissions or urgent medical issues to the after hours Registrar. • The Registrar will follow CMDHB and MHSOP policies and protocols at all times. <p>After-hours responsibilities</p> <ul style="list-style-type: none"> • Registrars participate in coverage of the mental health service outside of normal working hours, under the supervision of the on-call consultant. When rostered on after hours duty the Registrars are required to be on site at Middlemore Hospital and will take calls for the whole of the service. This may include answering calls from Community Mental Health Nurses and General Practitioners and arranging to have clients assessed, if necessary. If Registrar assessment is required, this can be undertaken in a community setting or in Tiaho Mai. • Registrars provide assessment and review of clients presenting to and currently within the services. Functions in relation to the Mental Health Act will be discussed with the on call Psychiatrist. The on call Psychiatrist may involve the Director of Area Mental Health Services if necessary. • It is expected that during after hours duty registrars in one shift work collegially with a spirit of co-operation and flexibility in the allocation of

Area	Responsibilities
	<p>clinical duties and share the workload when it is uneven or busy. This is to provide optimal registrar support and responsiveness to clients.</p> <ul style="list-style-type: none"> • A call should routinely be made during the course of the duty (evenings and weekends) from the Registrar to inform the on-call psychiatrist of events which occur during the period of after hours duty. Issues to be discussed would include, but are not limited to: <ul style="list-style-type: none"> ➤ new assessments made in the emergency department, where the person is not admitted ➤ admissions ➤ current inpatients who wish to discharge themselves against advice ➤ current inpatients who are absent without leave, and who are categorised as “A” category AWOL (or for whom no categorisation has already been determined) ➤ assessments made of people referred from within the general hospital wards ➤ other clinical problems requiring consultant support, as determined by the level of experience of the registrar • All calls in relation to children or adolescents will be discussed with the on-call Child Psychiatrist for the region • At all changes of duty adequate handover will be given to the incoming Registrar in relation to matters arising on call. A ward round will be conducted in conjunction with the on call Psychiatrist at Tiaho Mai on weekends/public holidays.
Administration	<ul style="list-style-type: none"> • Maintenance of comprehensive documentation in clinical files, including: <ul style="list-style-type: none"> ➤ letters to other health professionals or agencies regarding assessments and treatment processes ➤ timely discharge summary letters ➤ medication orders, including prescriptions, medication updates and reasons for changes • Completion of any special documentation or database entry of health information as required by the Unit Consultant or Manager • Participation in weekly team case conferences • Follow up laboratory and other investigations as necessary, using electronic systems and other records as appropriate • Check and attend to email correspondence on CMDHB email account in a timely manner • Obtain informed consent for procedures within the framework of the Medical Council guidelines (see footnote 1) • Contact the Team Manager/Service Manager to report any unplanned absences. • In consultation with the Clinical Director, assist with operational research in order to enhance the performance of the Service

Footnote 1

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. Council believes that obtaining informed consent is a skill best learned by [the house surgeon] observing consultants [and experienced registrars] in the clinical setting. RMOs [Probationers] should not take informed consent where they do not feel competent to do so.

CMDHB Mental Health East Team MHSOP Registrar Run Description- Effective 13 December 2010

Disclaimer: Please note that this run description is current at time of publication, however this information can be subject to change. It is your responsibility to ensure that you have the most up to date version if you will be relying on the information enclosed. Please contact RMO Support for further information.

Section 2: Training and Education

Nature	Details
<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"> • Orientation at the beginning of the run • Participation in the Registrar teaching programme, one full day per week during the academic semester [day dependent on registrar training year] as scheduled by the Regional Training Committee. When there is no scheduled programme, registrars are expected to attend to clinical duties unless otherwise negotiated with their supervising psychiatrist. • Attendance and participation at other service and unit based education sessions as scheduled, including Monday Journal Club. This will include at least one presentation by the registrar during the course of the rotation, in accord with current standards for such presentations and in conjunction with the supervising psychiatrist. • Participation in weekly Registrar group meetings with the Training Facilitator or Director • Attendance at least 1 hour of individual supervision (2 hours if first year trainee) each week with the supervising Psychiatrist, at a time to be arranged with the Psychiatrist. At least 4 hours of supervision of clinical practice will be provided each week. • Time will be given to enable participation in preparation to fulfil the examination requirements for FRANZCP Basic and Advanced training.
<i>Training and development activities</i>	<ul style="list-style-type: none"> • Opportunities are available for ECT training • The Training Facilitator provides weekly training sessions on Psychotherapy • A research project may be undertaken during the attachment, subject to the approval of the Clinical Director - Mental Health and Ethics Committee
<i>Training and development of other staff</i>	<ul style="list-style-type: none"> • Through example and supervision the Registrar will actively contribute to the education of House Officers, Trainee Interns and medical students when allocated to them. • The Registrar is expected when possible to provide education and/or training for staff of other disciplines in relation to aspects of medical/psychiatric assessment and treatment, within the service setting.

Section 3: Roster

<i>Roster</i>	
There are 14 Registrars on the roster.	
Normal working hours are 8 hours between from 0730 to 1700, Monday to Friday.	
Three after hours rosters operate, and the Registrar will be rostered on each at a frequency of not greater than one in fourteen.	
It is expected that registrars work collegially with a spirit of co-operation and flexibility in the allocation of clinical duties. This is to provide optimum registrar support and responsiveness to clients.	
<u>Weekdays</u>	
1630 - 2300	First point of call to see clients from Manukau and Awhinatia catchment wherever they may present (including community settings, ED, Tiaho Mai or Ward 35)
1630 - 2300	First point of call to see clients from Te Rawhiti and The Cottage catchment areas wherever they may present. (including community settings, ED, Tiaho Mai or Ward 35). This Registrar will be responsible for Tamaki Oranga.
It is expected that the two registrars on will work together to allocate and share the workload including anyone who presents from out of area.	
2230 - 0830	First point of call. Acute call/liaison encompassing the Acute Unit, Tamaki Oranga, Ward 35, MMH ward consultations and ED as well as Crisis Service duties.
<u>Weekends and Public Holidays</u>	
0830 - 2300	Long days after hours duty – all Mental Health service areas, supported by a house surgeon until 1630 hours, and then 1 st point of call for all areas.
It is expected that the two registrars on will work together to allocate and share the workload.	
2230 - 0830	First point of call. Acute/liaison encompassing all Mental Health service areas.
<i>Final Year Advanced Trainees may be supported in taking on roles with additional responsibilities consistent with the training requirements of The Royal Australian & New Zealand College of Psychiatrists to assist with the transition to Consultant role once fellowship is obtained. This may include duties after hours on the Consultant roster supported and buddied by a Consultant colleague. This will be negotiated and discussed with the Registrar on a case by case basis</i>	

Section 4: Cover

<i>Other Resident and Specialist Cover</i>
<p>Cover for weekly teaching days, planned and unplanned leave will be arranged by agreement within the service.</p> <p>The Registrar may be asked to provide cover for the duties of the other MHSOP Registrar if absent or on leave. This will be reciprocated for any leave or absence of the Registrar. There will be a corresponding adjustment in the split of their duties and workload, to ensure that the Inpatient unit is safely managed. This will be managed in conjunction with supervisors, other medical staff and team coordinators.</p> <p>There is an expectation that leave applications are submitted to the Service Manager/Team Manager well in advance.</p> <p>Education leave to attend conferences or for study and exam purposes is granted in accordance with the provisions of the collective employment contract which includes adequate cover being arranged.</p>

Section 5: Performance appraisal

<i>Registrar</i>	<i>Service</i>
<p><i>The Registrar will:</i></p> <ul style="list-style-type: none"> • Ensure they arrange a formal meeting with their supervising consultant at the outset of the run to discuss goals and expectations for the run, review and assessment times and one on one teaching time • Ensure review meetings are set at three months and six months to review progress against goals and expectations • Implement a corrective action plan under the advice of their Consultant where any deficiencies are identified 	<p><i>The service will provide:</i></p> <ul style="list-style-type: none"> • An initial meeting with a nominated Consultant (who will usually be the designated Supervisor) and Team Manager/Service Manager to discuss goals and expectations for the run, review and assessment times and one on one teaching time. • An interim assessment report on the Registrar three months into the run, after discussion between the Registrar, designated supervisor and Team Leader/Service Manager. • The opportunity to discuss any deficiencies identified during the attachment. The designated supervisor will bring these to the Registrar's attention and discuss and implement a plan of action to correct them. If required the Training Facilitator will be involved. • A final assessment report on the Registrar at the end of the run, a copy of which is to be sighted and signed by the Registrar.

Section 6: Hours and Salary Category

<i>Average Working Hours</i>		<i>Service Commitments</i>
Basic hours (Mon-Fri)	40	
Rostered additional hours (inc. nights, weekends & long days)	13.79	
All other unrostered hours	5	
Total hours per week	58.79	

Salary: This attachment is a “C” category run, falling within the range of 55-59.9 hours per week and the salary applicable is that defined by the RMO collective employment contract. This category is to be confirmed by a run review.