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| **Northern Adelaide Local Health Network (NALHN)**  **Mental Health Services for Older People**  **Ward 1H, Lyell McEwin Hospital**  **Oldham Road, Elizabeth Vale**  **TERM DESCRIPTION – TAPPP JMO**  *Version updated October 2015* | LOGO - SA IMET - colour |

Term descriptions are designed to provide important information to prevocational trainee medical officers (TMO) regarding a particular rotation. They are best regarded as a clinical job description and should contain information regarding the:

* Casemix and workload,
* Roles & Responsibilities,
* Supervision arrangements,
* Contact Details,
* Weekly timetable, and
* Learning objectives.

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description and they are responsible for approving the content. In determining learning objectives, supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The term description is a crucial component of orientation to the term, however it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the TMO.

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| **FACILITY:** | **Northern Adelaide Local Health Network (NALHN)**  **Older Persons Mental Health**  **Ward 1H, Lyell McEwin Hospital (LMH)**  **Oldham Road, Elizabeth Vale**  **(08) 8133 2177 / (08) 8133 2161** | |
| **TERM NAME :** | **TAPPP Psychiatry Junior Medical Officer (JMO) – Ward 1H** | |
| **TERM SUPERVISORS :** | **Dr Sally Rischbieth and Dr Luiza Gheorghiu** | |
| **CLINICAL TEAM:**  *Include contact details of all relevant team members* | Admin – (08)8133 2169  Ms Dianne Pitcher : Receptionist [Dianne.Pitcher@sa.gov.au](mailto:Dianne.Pitcher@sa.gov.au)  Ms Audrey Strauss : Ward Clerk [Audrey.Strauss@sa.gov.au](mailto:Audrey.Strauss@sa.gov.au)  Consultant Psychiatrists  Dr Duncan McKellar : Clinical Director - Senior Consultant Psychiatrist (Northern Team) [Duncan.McKellar@sa.gov.au](mailto:Duncan.McKellar@sa.gov.au)  Dr Sally Rischbieth: Senior Consultant Psychiatrist (Northern Team)  Sally.Rischbieth@health.sa.gov.au  Dr Luiza Gheorghiu: Consultant Psychiatrist (North Eastern Team & Country)  [Luiza.Gheorghiu@sa.gov.au](mailto:Luiza.Gheorghiu@sa.gov.au)  Dr Saro Hapuarachchi: Senior Consultant Psychiatrist (North East Community Team) [Saro.Hapuarachchi@sa.gov.au](mailto:Saro.Hapuarachchi@sa.gov.au)  Dr Nicola Robertson: Senior Medical Officer (Northern Team)  [Nicola.Robertson@sa.gov.au](mailto:Nicola.Robertson@sa.gov.au)  General Hospital JMOs- Rotating 3 monthly  TAPPP JMO – Rotating 6 monthly  Psychiatry Trainee – Rotating 6 monthly  CSC – Mr David Jolly, [David.Jolly@sa.gov.au](mailto:David.Jolly@sa.gov.au) (08) 8133 2154  Allied health professionals  Mental Health Nursing staff  Administrative Staff:  Additionally, the unit has access to the geriatric consultation-liaison service and visiting physiotherapist from within the hospital, of social workers, occupational therapist and clinical psychologist/neuropsychologist | |
| **ACCREDITED TERM FOR :** | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | ***Number*** | ***Core/Elective*** | ***Duration*** | | **PGY1** |  |  |  |  | | **PGY2+** |  | **1** | **Elective** | **6 months** | | |
| **OVERVIEW OF UNIT OR SERVICE**  *Include outline of the role of the unit, range of clinical services provided, case mix etc.* | The 12 month TAPPP JMO placement will be split into rotations each of 6 months.  The Older Persons Mental Health Services provides tertiary specialist clinical services. Ward 1H is a 20 bed unit which provides services to a catchment area that is covered by Northern Mental Health.  The unit works closely with the psychiatry consultation liaison team, Medical Unit, Hampstead Rehabilitation Hospital, Department of Emergency Medicine and the Guardianship Board. It actively participates in the undergraduate mental health curriculum of the University of Adelaide and supports a number of postgraduate research students undertaking study in the area of psychiatry and mental health.  Clientele : Elderly (> 65 years) male and female presenting with varierty of psychogeriatric problems ie. depression, psychosis, dementia with behavioural or psychological problems, acute psychogeriatric presentations in Emergency Medicine ie suicidal behaviour, psychosis excluding delirium. Additionally, patients may present with co-morbid medical and substance related problems. | |
| **REQUIREMENTS FOR COMMENCING THE TERM:**  *Identify the knowledge or skills required by the JMO* **before** *commencing the term and how the term supervisor will determine competency* | A background in psychiatry at undergraduate level and successful completion of Internship should be sufficient to commence the term. A PGY1 rotation in Psychiatry would be highly advantageous.  Essential skills include :  Fluid and Electrolyte Management; Prescribing; Pain Management ; Basic Life Support and specifically :   * Patient assessment including medical and comprehensive psychiatric history and physical examination inclusive of Mental State Examination, Geriatric Depression Scale and Mini-Mental State Examination * Basic Life Support * Venepuncture, insert and maintain IV cannulae * Able to recognise, assess and treat pain using a variety of methods * Able to assess patient hydration status and fluid losses * Working knowledge of safe and recommended prescribing standards within an acute psychogeriatric care setting   Competency Determined via :   * Observation and assessment of psychogeriatric admissions, patient assessment, history and examination of patients * Clinical Case presentations and documentation | |
| **ORIENTATION:**  *Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.* | **Service Orientation**  All staff are required to attend JMO orientation at the commencement of the training year, provided by the Hospital. In addition, JMO also receive an onsite orientation in Ward 1H. Staff are also required to attend JMO orientation at the commencement of the training year, run by the Mental Health, Medical Education Unit (MEU).  **Onsite orientation**  Orientation will include physical orientation to Ward 1H Older Persons Mental Health Services and a face-to-face meeting with a term supervisor to discuss:   * local clinical emergency procedures * general clinical duties and standard required of resident medical officers * learning responsibilities of junior doctors * assessment procedures * Personal support procedures / mechanisms   It is expected that the incoming JMO will also obtain an informal handover from the previous resident. | |
| **JMOs CLINICAL RESPONSIBILITIES AND TASKS:**  *List routine duties and responsibilities including clinical handover* | The TAPPP JMO is required to provide the day to day management of inpatients under the care of the Older Persons Mental Health Services in partnership with other medical officers in the Department. The JMO will be under the direct supervision of the Unit’s Registrars and Consultants and is encouraged to maintain close liaison with their senior colleagues at all times.  Daily responsibilities are defined in the Medical Officer Handbook (see “Clinical & Medical Administration” & “Clinical Training”). Specific responsibilities are:   * Attend handover 0915hr sharp weekdays * Responsible for admission clerking of some patients, including physical examination * Responsible for caseload of 5-8 patients. Resident will be the primary Unit doctor for these patients * Participate in ward rounds including the presentation of patients * Organise discharge arrangements and follow-up including PBS discharge medications * Participate in weekly divisional meetings, tutorials and teaching sessions * Clinical supervision of 6th year undergraduate medical students * Assist Registrars in the preparation of audits for quality assurance * Training and use of CBIS * Participation in local after hours’ roster   Some out of hospital work associated with the community team doing home or nursing home psychiatric reviews. | |
| **SUPERVISION:**  *Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details* | **IN HOURS:**  JMO supervision is provided by the consultant who the patient is admitted under.  An hour of protected 1:1 Supervision is scheduled weekly between supervisor and JMO. | |
|  | **AFTER HOURS:**  Participation in the Northern Mental Health roster– involves ward calls, patient reviews, medication charts, seclusion review , ward admissions. Frequency of 4 to 6 shifts per month.  Supervision is provided by Consultants on-call as per the on-call roster. Contact with consultants is made via the hospital switchboard. | |
| **STANDARD TERM OBJECTIVES:**  *The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of Term assessments.* | **CLINICAL MANAGEMENT:**  The TAPPP JMO is expected to meet with his / her term supervisor to discuss personal learning objectives. In addition to this, the learning objectives that can be achieved during this rotation include the following:  **CLINICAL MANAGEMENT**   * Appropriate clinical skills including history, physical examination and assessment relevant to psychogeriatric health problems and associated co-morbidities in order to make a provisional diagnosis * Able to complete an accurate Mental State Examination, including Geriatric Depression Scale and Mini-Mental State Examination and FAB. * Able to complete a Risk Assessment and document same * Demonstrate a working knowledge of common psychiatric disorders affecting the elderly including various behavioural and psychiatric manifestations of dementia * Working knowledge of psychiatric treatments in the elderly, including an understanding of prescribing safely to older individuals * Use of appropriate investigations to exclude and support diagnoses * Understanding the appropriate use of various imaging and laboratory investigations * Able to organise, synthesise and act on information gained from patient and other sources to exhibit sound clinical judgement and decision making * Identifies and can justify the patient management options for common clinical problems and conditions * Effective admission and discharge planning for all patients. * Knowledge of community services and supports for older people and organise services effectively in preparation for discharge * Arrange requisite investigations and follow up results * Management of patients including fluid, electrolyte and nutritional requirements, medications * Able to perform simple procedures competently, understanding the indications for and risks of the procedures undertaken * Able to act effectively in emergency situations * Prepare for Handover with guidance from senior staff * Review inpatients on daily basis under guidance of registrars and consultants * Complete discharge summaries in a timely fashion, for review by registrar * Perform a risk assessment of self-harm/suicide and dangerousness to others * Understand the issues surrounding the psychiatric care and management of older people | |
|  | **COMMUNICATION:**   * Communication skills with peers, allied health professionals , patients and carers (verbal and non-verbal) * Ability to establish rapport and be empathetic with patients * Documentation standards which are authentic, timely, structured relevant and legible * Able to use information technology to access key information, clinical practice guidelines and evidence based medicine * Presents cases effectively to senior medical staff and other health professionals * Participates in Guardianship Board hearings and legal issues including awareness of responsibilities regarding Road Traffic Act and Drivers Licenses. * Competency with ward based clinical and administrative procedures * Contributes effectively within a team of health care personnel * Aware of responsibilities associated with Handover/ Ward round | |
|  | **PROFESSIONALISM:**   * Demonstrates non-discriminatory approach to patient care * Behaves in ways which acknowledge social, economic and political factors in patient illness * Demonstrate an understanding of the importance of the maintenance of professional boundaries in the practice of psychiatry * Maintains appropriate standard of professional practice and works within personal capabilities * Development of prioritisation and effective time management strategies * Prioritises workload to maximise patient outcomes and health service function * Actively seeks opportunities to learn from clinical practice * Commitment to self-assessment and continuing medical education * Willing to be involved in the teaching of others including undergraduate medical students on rotation in the department * Able to demonstrate the principles of self-care and aware of duty of care for colleagues * Demonstrate an understanding of the locally relevant mental health teams and capacities and its application. * Work as a member of a multidisciplinary mental health team, showing an awareness of the contribution of various members of that team. * Demonstrate a basic understanding of critical appraisal in the evaluation of published psychiatric research. * Demonstrate basic competence in psychopharmacology. | |
| **EDUCATION:**  *Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.* | JMOs are expected to attend the weekly Mental Health, Medical Education Unit tutorials, held at Glenside Campus. All supervisors and team members are aware that this training is mandatory for TAPPP JMOs and supportive of attendance. Cover for urgent issues is provided by the team (registrar or Consultant depending on structure) during this period.  Time is given for travel to training each week as part of the normal roster. JMOs are expected to attend in their own vehicles or make their own way to training and finalise their working day when training ends unless rostered for on-call commitments.  If personal transport is not available access to government vehicles or cab vouchers are available where necessary.  Participation in locally organised teaching sessions, Journal Clubs, Case conferences is expected.  For Ward 1H JMOs this can include:   * Registrar ward rounds * Consultant ward rounds * Fortnightly department meeting with case presentations * Journal Club and Case Conference Meetings * Weekly LMH Medical Grand Round   Resources:   * LMH Library * Intranet /Internet access to Library & data bases * Facilities & Support from MH Medical Education Unit * Mental health OTIS * Mental Health JMO database * Monthly mentoring/Near Peer Supervision sessions | |
| **TIMETABLE** *(the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | | **AM** | 09.15 Handover | 09.15 Handover | 09.15 Handover | 09.15 Handover | 09.15 Handover |  |  | |  | Consultant Ward Round |  | Consultant Ward Round | Academic presentation  fortnightly |  |  | | **PM** | Ward | Ward | 12.30  LMH Grand Round | 1.00– 2.00pm SAPTC Journal Club | Ward |  |  | |  |  | Ward | 1.00– 2.00pm  JMO Discussion Group (Monthly) | Supervisor 1:1 Meeting (may vary) |  |  | |  |  |  |  | 2.00 – 5.00pm  JMO Education Program  Glenside Campus |  |  |  | | **AH** | Participation in Mental Health After Hours’ roster for Northern Mental Health | | | | | | | | | |
| **PATIENT LOAD:**  *Average number of patients looked after by the JMO per day* | Caseload of up to 8 inpatients. | |
| **OVERTIME:** | **ROSTERED** | **UNROSTERED**  NIL |
| **ASSESSMENT AND FEEDBACK:**  *Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.* | JMOs receive two appraisals during their 6 month rotation. Appraisals are completed via the Mental Health OTIS.  It is the JMO’s responsibility to make a time to meet with their supervisor to conduct their mid and end of term assessment.  JMOs receive both a mid-term and end of term assessment during each rotation.  **MID TERM**  The mid-term assessment is a formative assessment. Formative assessments are used to help JMOs and Supervisors identify strengths and weaknesses and target areas that need work, help recognise where JMOs may require additional support and address problems immediately.  To complete mid-term assessment, a dedicated time should be made with the JMO’s nominated supervisor with an opportunity to discuss any areas of concerns and identified strengths, as well as identifying opportunities for further learning and development.  If areas of concern are apparent, the need for an IPAP will be flagged within the OTIS system and can be managed in discussion with both parties and with input and support from the MEU.  Mid-term assessments should be signed off by both the JMO and supervisor and will be reviewed by the MEU via OTIS. Assessments are not made available to anyone outside of the MEU.  **END OF TERM**  End of term assessments are Summative assessments and used to *evaluate JMO learning against the benchmark of the Australian Curriculum Framework for Junior Doctors.*  To complete an end of term appraisal, a dedicated time should be made with the JMOs nominated supervisor with an opportunity to discuss the progress made during the placement, including addressing any information on a previous IPAP.  End of term assessments are completed using the Mental Health OTIS. Conducting mid-term and end of term appraisals facilitates a positive, constructive method of assisting JMO career development and knowledge. These tools should be considered and treated as an opportunity to ensure JMOs are obtaining the maximum educational experience from their placement and assist in identifying any areas requiring additional support.  Term supervisors will feedback to the Director of Clinical Training or the MEO with concerns regarding any JMO that they feel needs additional assistance with their development.  Those identified as requiring additional support will have the opportunity to meet with the DCT and/or MEO in one on one sessions to support their ongoing development. The DCT will track all progress to ensure appropriate improvements are taking place.  Although mid-term and end of term appraisals are key tools in assessing any areas for improvement, they do not replace the need for one on one, continuous feedback from supervisors and peers. JMOs should seek supervision and assistance in all circumstances they do not feel confident in and ensure that their regular supervision sessions occur in the worksite. | |
| **ADDITIONAL INFORMATION:** | **Rostered Hours**  7.6 hours per day Monday to Friday 0900-1706 including 30 minute meal break. The JMO will be expected to participate in the local after hour’s roster after a period of familiarisation with the service. | |

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| **TERM DESCRIPTION DEVELOPED ON** |  |
| **TERM DESCRIPTION REVIEWED ON** | **August 2017** |
| **TERM DESCRIPTION VALID UNTIL** | August 2018 |
| **DUE FOR REVIEW ON** | **August 2018** |