

## Prevocational Training Term Description: Psychiatric Medicine – Child and Adolescent Mental Health

<b>Date of term description version</b>	April 2024
<b>Date term last accredited</b>	04 October 2023

Term Details					
<b>Facility</b>	The Canberra Hospital				
<b>Term name*</b>	Psychiatric Medicine - Child and Adolescent Mental Health				
<b>Term specialty*</b>	Psychiatry				
<b>Term location</b>	Canberra Hospital, Child and Adolescent Mental Health Inpatient Unit				
<b>Classification of clinical experience in term*</b> (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/procedural patient care	Non-direct clinical experience (PGY2 only)
<b>Is this a service term?</b> Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No
<b>Term duration (weeks)*</b>	12-14 weeks (depending on the term dates)				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	<b>1</b>	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The CRMEC has not placed any limitation or restrictions on this training term		

Term Supervision		
<b>Term Supervisor (name and position)</b> Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.		CAU Consultant - Dr Denise Riordan
<b>Clinical team supervision</b>	<b>Primary/Immediate Clinical Supervisor (name and position)</b> Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr Denise Riordan-CAU Consultant-51242222 Dr Ilona DiBella- CAMHS Clinical Director-51242222

	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Psychiatry registrar- allocated six monthly. Poonam Pokhrel- Clinical Nurse Consultant- 51240811	
	<b>EPA Assessors</b> Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.	
<b>Clinical Team Structure*</b> Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other
	The Adolescent Mental Health Inpatient Unit consists of the oncall consultant, psychiatry registrar, clinical nurse consultant and JMO.		

## Commencing the Term

<b>Requirements for commencing the term*</b> If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	Basic Medical Training  Psychiatric History taking  Mental State Examinations  Physical Examinations  Competency in use of DHR including:  Completing Admission and Discharge Documentation  Ordering and Reviewing of Laboratory tests  Documenting progress notes, multi-disciplinary team meetings (MDTs) and medications.  Work as part of a multidisciplinary Team  Competency will be determined through assessment by the supervisor and registrar, regular supervision, undertaking review of case notes, clinical discussions, and observations of the work of the PGY2.
<b>Orientation</b> Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.</b>	The term supervisor will provide orientation to the term in the first week. JMOs should present to the CAU unit at 830 am to meet the ward Consultant and /or CNC. On their first day the CNC will provide an initial orientation to the unit including duress alarms and safety procedures. The JMO has access to a laptop to use whilst on the unit. Initial set up of computer access and essential training will be facilitated as required. At orientation, JMO's need to ensure that they have completed eLearning. JMOs should make themselves familiar with the CAU Operational Procedures document and the <i>Mental Health Act 2015</i> .

## Overview of the Unit

**The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are**

### **CAMHS Adolescent Unit (CAU)**

The CAU inpatient unit is located at Centenary Hospital for Women and Children (CHWC) on the Canberra Hospital campus. It is operational 24 hours a day, 365 days a year, providing assessment, evidence-based treatment and therapeutic intervention for young people aged 12 years and up to their 18th birthday who are experiencing moderate to severe mental illness or mental disorder where less restrictive options have been deemed unsuitable or unavailable.

The CAU is a six-bed adolescent acute mental health inpatient unit, under the governance of MHJHADS. It is located within Building 11 of the Centenary Hospital for Women and Children and is situated within the paediatric medical and surgical unit of CHWC (which is operated by the Division of Women Youth and Children).

The unit admits both voluntary patients and patients who are involuntary under the Mental Health Act 2015. Generally, patients are referred and admitted from The Canberra Hospital Emergency department however there may be the occasional planned admission during business hours after CAMHS Consultant to Consultant acceptance.

The Unit is staffed by a Consultant Psychiatrist and Registrars, Nurses, Social Worker, Psychologist, Allied Health Assistants, and various therapists including art and music therapists and exercise physiologist.

The CAU provides multi-disciplinary interventions for adolescents with moderate to severe mental health presentations who are medically stable.

Medical staff will ensure appropriate assessment, investigation, and management of both mental and physical illness. Engagement with the young person's family and carer's is a high priority for the whole treatment team as is discharge planning and engagement with community services and organisations for ongoing care.

CAU generally has 3 nursing staff per shift. Allied Health for the unit includes a social worker, psychologist, 2 allied health assistants and in reach from therapists from the CAMHS Adolescent Day Program.

The nursing and allied health staff run a therapeutic program on the unit and young people admitted to the unit have the opportunity to engage with a school's program through the education directorate.

#### **Supervision:**

- Clinical Supervision is provided daily by either the CAU consultants or registrar. The CAU Consultant will be available on the unit at least 1 session a day and the registrar is generally full-time but does have training commitments. If at any time neither the CAU Consultant or registrar are available, the JMO can access support and advice from the

	<p>On-Duty CAMHS Consultant (a Duty roster is provided by CAMHS administration office)</p> <ul style="list-style-type: none"> <li>• All Major Decisions regarding patients including treatment, discharge etc are to be discussed with the Registrar or Consultant.</li> <li>• The consultant and registrar provide bedside teaching in assessment, diagnostic and management skills and JMOS are encouraged to read and to avail themselves of these frequent learning opportunities</li> </ul>
<p><b>Clinical responsibilities and tasks of the prevocational doctor</b> Provide an overview of the routine duties and responsibilities</p>	<p><b>JMO Responsibilities</b></p> <ul style="list-style-type: none"> <li>• Assisting with the medical needs of patients admitted to the CAU, under supervision of Psychiatric Registrar and Consultant.</li> <li>• The JMO will assist in ensuring that all patients are medically examined at time of admission, that appropriate investigations are ordered, and results reviewed, physical health KPIs completed, and any urgent medical matters of a minor nature are dealt with if requested by nursing or other staff. This may include completing the Clinical Risk Assessment (CRA) and/or Suicide Vulnerability Assessment Tool (in consultation with the treating Registrar or Consultant); and updating medication on the Digital Health record (DHR) but should not include starting or changing psychotropic medications without discussions with the treating Registrar or Consultant.</li> <li>• Availability to assess patients under supervision of consultant and registrar.</li> <li>• Responsibility for individual patients under supervision of the Registrar and Consultant if it is deemed appropriate by the Consultant that the JMO be responsible for that individual patient.</li> <li>• The ultimate responsibility for treatment and discharge planning lies with the allocated Registrar or Consultant. As part of the team the JMO is expected to help ensure adequate discharge plans are in place</li> <li>• In conjunction with the Registrar, provide a weekend handover to the oncall Psychiatric Registrar via Director of Clinical Services (DOCS) inbox by 3pm on Friday.</li> <li>• Discharge Summaries may be written by the JMO and checked by the Registrar or Consultant.</li> <li>• Liaison with a patient's GP or other service providers for collateral information and ongoing care</li> <li>• Line of responsibility is to the Registrar if available, to the Consultant then to the Clinical Director.</li> <li>• JMOs should not approve patient leave or discharge without discussion with the treating Registrar or Consultant.</li> <li>• JMOs should not write outside scripts without instruction from the Registrar or Consultant.</li> </ul> <p><b>Medical Record Documentation and Note Keeping</b></p> <ul style="list-style-type: none"> <li>• Initial training on DHR for clinical record documentation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Timely, legible, regular file entries in DHR after each review, including updating the Medication and Diagnosis.</li> <li>• Recording of Multidisciplinary Team review meeting discussions about each patient under care of the Consultants team at weekly MDT meetings.</li> <li>• All entries must be clear, relevant and objective.</li> <li>• Only approved hospital abbreviations should be used. Resources can be provided on this.</li> <li>• Student entries must be co-signed by their supervisor</li> </ul> <p><b>Mental Health Act</b></p> <ul style="list-style-type: none"> <li>• The RMO is responsible for ensuring all patients admitted under the mental health act have a full physical examination within 24 hours of admission.</li> </ul> <p>The Registrar is generally responsible for placing detention orders or applying for treatment orders, but the JMO may assist the Registrar to gain experience in the workings of the <i>Mental Health Act</i>. The JMO may contribute and occasionally present at Tribunal Hearings once sufficiently familiar with the procedures.</p>
<p><b>Work Routine</b> Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the Rover guide.</p>
<p><b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term</p>	<p><b>Ward handovers and Ward Rounds</b></p> <p>Daily flash handovers occur at 830am in the nurses' station- at these any new admissions are briefly discussed, any deteriorations or significant changes in presentation are noted and work is organised and allocated for the day.</p> <p>Multidisciplinary Team Meetings Occur weekly on a Tuesday at 130pm the JMO is expected to participate and assist with documenting discussions. JMOs may be asked to present case conferences to the MDT team from time to time with the support of the registrar and consultant.</p> <p><b>Hours of Work</b> 8:30am – 5:00pm</p> <p><b>Handover</b></p> <ul style="list-style-type: none"> <li>• In conjunction with the Registrar, provide a weekend handover to the oncall Psychiatric Registrar via Director of Clinical Services (DOCS) inbox by 3pm on Friday.</li> <li>• At the end of the Term JMOs must ensure they contact the incoming JMO and orientate them to the ward, clinics, and any current inpatients.</li> </ul>
<p><b>Opportunities for Indigenous Health</b></p>	<p>Aboriginal and Torres Strait islander patients may present as patients within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.</p>

## Education, Learning and Assessment

**Term Learning Objectives**

List the term-specific learning objectives\*

**CLINICAL MANAGEMENT:**

During the term to JMO should acquire knowledge and skills in the following areas

**Clinical**

- History and mental state examination techniques.
- Diagnosis and Management of common Conditions in adolescents presenting to hospital with mental illness e.g., depression, anxiety including obsessive compulsive disorder, situational crisis and escalating deliberate self-harm, eating disorders, emerging personality disorder and first episode psychosis
- Assess and manage patients who might pose a threat to themselves or others.

- Understand co-morbidity (influence of alcohol and drugs upon mental health) and manage nicotine withdrawal.

Understand the psychological and developmental determinants of mental illness in this population

- Understand the importance of family and carer engagement in and involvement in treatment planning and
- Become fluent in the presentation of psychiatric cases.
- Become familiar with the main categories of psychological, social, and occupational therapeutic interventions.
- Become familiar with commonly prescribed psychotropics and their side effects.
- Become familiar with ACT Mental Health services through communication with community teams, case managers
- Participate in case conferences.
- Develop a working knowledge of the *Mental Health Act 2015*.

**COMMUNICATION:**

Quality communication skills are expected as a standard.

This relates to; interactions with patients and their carers, documentation, provision of psychoeducation, working as a member of a team, communicating with senior consultants, communicating with other health care professionals including General Practitioners (GPs) regarding longer term patient management, and communicating with Community services such as non-government organisations (NGOs). Particularly in this term the JMO may develop skills in facilitating family meetings and in providing psychoeducation for adolescents and their carers/ families

**PROFESSIONALISM:**

A high level of Professionalism is expected as a standard.

- Effective communication and participation in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practices.
- Skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understanding the principles of evidence-based practice of medicine and clinical quality assurance



	<p>techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment. the RMO must ensure appropriate Professional boundaries are maintained at all times and they behave in an ethical manner</p>			
<p><b>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.</b>          Formal education opportunities should also be included in the unit timetable</p>	<p><b>General Mandatory Education</b></p> <ul style="list-style-type: none"> <li>All interns are expected to attend the Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for JMOs.</li> <li>RMO teaching is Thursdays 1300-1500. This is protected time for RMOs.</li> <li>Venue and topics are confirmed by email earlier in the day. JMOs are expected to join by Microsoft Teams from UCH rather than in person.</li> </ul> <p><b>Grand Rounds</b>          All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Consultant/Registrar is required to present on behalf of the Unit. The JMO may be asked to assist by presenting a case prior to the registrar or consultant presentation.</p> <p><b>Term-Specific Training</b>          Regular bedside teaching.</p> <p>The JMO is welcome to attend the Mental Health, Justice Health, Alcohol &amp; Drug (MHJHADS) Divisional Registrar Case Conference on Wednesdays at 4pm and they are encouraged to attend weekly Grand Rounds at the Canberra Hospital (TCH).</p>			
<p><b>ASSESSMENT AND FEEDBACK:</b></p> <p><i>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.</i></p>	<p>The supervisor will provide formal assessment and feedback using the Australian Medical Council (AMC) approved formative and summative assessments at mid-term and at end of term respectively on the One45 Website. In completing the assessments, the term supervisors will consult with Consultants, Registrars, Nursing staff and any other staff members, who have had extensive contact with the JMO.</p>			
<p><b>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b></p>	<p><b>EPA 1</b>          Clinical Assessment</p>	<p><b>EPA 2</b>          Recognition and care of the acutely unwell patient</p>	<p><b>EPA 3</b>          Prescribing</p>	<p><b>EPA 4</b>          Team communication – documentation, handover and referrals</p>

### Term/Unit Timetable and Indicative Duty Roster\*

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor are expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Ward work 830-1700	Ward work 830-1700	Ward work 830-1700	Ward work 830-1700	Ward work 830-1700		
830- Flash Handover	830- Flash Handover	830- Flash Handover	830- Flash Handover	830- Flash Handover		
	1330-1500 MDT		1400-1500 RMO teaching			
		Registrar Teaching				



<b>Patient Load</b> Average Per Shift	Ward capacity is 6 patients. The RMO is expected to support the Consultant and registrar to manage all 6 patients.	
<b>Overtime</b>	Rostered overtime hours/week	4-8
	Unrostered overtime hours/week	0
<b>After hours roster</b> Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> <li>• Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>• Onsite supervision available after hours</li> </ul> If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.	<ul style="list-style-type: none"> <li>• Leave: For unexpected leave, please inform CNC and supervisor and complete appropriate form on Shared Services on return. For planned leave, please coordinate with Registrar to ensure appropriate medical cover for the unit.</li> </ul> <b>AFTER HOURS:</b> JMOs will be rostered for after-hours cover of AMHU, 12B, MHSSU short stay unit and the detox (D&A) ward. Evening on call is from 13:00-21.30 approximately one evening a week and weekend on call is from 09.00 – 18.00 approximately one day a fortnight. Med Pod 3 JMO takes over after these times. After hours supervision will be provided by the after-hours psychiatric Registrar on call or if necessary, the on-call Consultant. There is a pager for JMO after hours and you need to collect it from Switch at the start of your shift. The pager number is 50385 Paediatric pod JMO pool has responsibilities to the CAU ward after-hours to address any physical health needs identified in young people admitted to the CAU. Supervision of medical concerns is provided by the after-hours Paediatric registrar and On-Call Paediatric Consultant. Any concerns regarding mental health can be directed to the On-Call Psychiatry Registrar or Consultant	

### List Other Relevant Documentation

Intern job description  
 RMO job description  
 JMO Handbook