

## Prevocational Training Term Description: Psychiatric Medicine – Adult Mental Health Rehabilitation Unit

<b>Date of term description version</b>	November 2023
<b>Date term last accredited</b>	November 2020

### Term Details

<b>Facility</b>	Canberra Health Services				
<b>Term name*</b>	Psychiatric Medicine – Adult Mental Health Rehabilitation Unit (AMHRU)				
<b>Term specialty*</b>	Psychiatric Medicine				
<b>Term location</b>	University of Canberra Hospital				
<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 term dates)				
<b>Term accredited for</b>	PGY1 and PGY2		PGY2 Only		
<b>Total number of prevocational training places</b>	1	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitations on this 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.	Dr Emma Glanville	
<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 Amber Chambers - Consultant Dr Florian Wertenauer – Clinical Director Leigh Thompson – Acting Operational Director Susan Jacques – Assistant Director of Nursing

		Kelly Howard– Clinical Nurse Consultant Bronwyn Thomson – Allied health clinical lead Kannan Sakthivel– Allied Health Manager	
	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	A psychiatry registrar is available to the unit.	
	<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
	Each PGY doctor will be allocated to a clinical team.  In this term the JMO is allocated to the care of 20 AMHRU inpatients under the supervision of the consultants (Drs Chambers and Glanville) and registrar and with the support of the broader multidisciplinary team.		

## 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.	No specific extra skills related to this position required.  Before starting the term, please review: <ul style="list-style-type: none"> <li>• Psychiatric history taking</li> <li>• Knowledge of performing a mental state examination</li> </ul>
<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>	JMOs should present to AMHRU reception staff when they arrive on their first day, where the registrar or Consultant Supervisor will meet them to provide an initial orientation to the unit and the hospital.  JMOs should make themselves familiar with the AMHRU operational procedures document particularly on admission and discharge processes, emergency procedures and patients going AWOL.  JMOs are also to complete the UCH orientation which will occur on the first Wednesday of the month at the beginning of their placement.

## 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**

AMHRU is a 20-bed unit that provides assessment and rehabilitation treatment for patients with psychiatric illness and mental dysfunction in the least restrictive environment for periods of 3 to 12 months. It aims:

- To provide mental health rehabilitation services as part of a system of care in conjunction with community clinics, outreach services and non-government organisations to achieve successful community reintegration
- To work collaboratively with patients and their families and carers
- To train medical students and graduates in the assessment and management of mental illness and dysfunction in a recovery framework
- To provide nursing and allied health services to patients including the training of junior staff and students in mental health rehabilitation
- To provide timely assessments requested by the ACT Civil and Administrative Tribunal and Magistrates Court

Scope

- The unit accepts referrals for patients with moderate to severe mental illness on a voluntary basis from the ACT (although AMHRU can accept patients under the Mental Health ACT, 2015) and close surrounding regions who require or would benefit from an intensive rehabilitation program for reintegration into society.

**Clinical responsibilities and tasks of the prevocational doctor**

Provide an overview of the routine duties and responsibilities

**JMO Responsibilities**

- Assisting with medical needs of teams under the supervision of Psychiatry Registrars.
- Assessing patients when a registrar is absent for a scheduled reason (for example Wednesday afternoon training seminars or Registrars working part-time), always under the supervision of the Consultant.
- Responsibility for individual patients, under supervision of the Registrar and Consultant when that team's Registrar is caring for an excessive caseload (e.g. > 10) or if it is deemed appropriate by the Consultant that the JMO be responsible for that individual patient.
- Treatment and discharge planning - the JMO is part of the treatment planning team and expected to help ensure adequate discharge plans are in place, but ultimate responsibility is with the allocated Registrar.

	<ul style="list-style-type: none"> <li>• Record keeping of ward rounds and multi-disciplinary team review meeting discussions about each patient under the care of their team.</li> <li>• Discharge summaries are written by JMOs and checked by the Registrar or Consultant.</li> <li>• Note that the JMO will assist in ensuring that all patients are medically examined at time of admission, that appropriate investigations are ordered, and any urgent medical matters of a minor nature are dealt with if requested by nursing or other staff. This may include assisting in rewriting/copying drug charts but should not include starting or changing psychotropic medications without discussion with the treating registrar or consultant.</li> <li>• JMOs should not approve patient leave (gate leave) or discharge without discussion with the treating Registrar or Consultant.</li> <li>• JMOs should not write outside scripts without the instruction from the Registrar or Consultant.</li> </ul>
<b>Work Routine</b> Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the JMO Handbook. Usual hours are 8.30am to 5.00pm with a half hour break for lunch.
<b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term	A daily handover occurs in the Weereewa room at 9.00am. A weekend handover is prepared by the registrar and emailed to the Director of Clinical Services Office: <a href="mailto:CHS.DOCMHJHADS@act.gov.au">CHS.DOCMHJHADS@act.gov.au</a> by 3pm on Fridays. If the registrar is absent the JMO will need to do this with the support of the consultants. A UCH wide handover occurs daily at 4.00pm in the Namadgi meeting room – the AMHRU JMO should attend if there are clinical matters (e.g. outstanding pathology results) that need to be attended to overnight or on weekends).
<b>Safety</b>	<b>Occupational Violence</b> While rare, occupational violence is a risk in all departments. JMOs should: <ul style="list-style-type: none"> <li>• Wear a duress alarm – available from AMHRU reception at all times whilst on the unit and know how to use this. This will be part of your orientation on the first day.</li> <li>• See patients in designated interview rooms. These rooms have two doors and duress buttons.</li> <li>• See patients with a member of nursing staff if concerned.</li> <li>• Always maintain a clear exit path from the bedspace when seeing patients.</li> <li>• Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button) and wear appropriate duress alarms in areas where these are required.</li> <li>• Be alert around patients who are delirious, confused or known to have previously engaged in violence.</li> <li>• There are occasionally patients suffering from psychosis or hallucinosis. Such patients can unintentionally be frightened or violent as part of their illness. If the RMO feels endangered or</li> </ul>

	<p>threatened in any way by such behaviours, they should withdraw immediately from the patient and the issue should be raised immediately to the CNC and/or Staff Specialist on duty that day.</p> <p>Other OH&amp;S and safety in pregnancy is dealt with in the JMO Handbook.</p> <p>The Psychiatric Medicine Unit supports Speaking Up for Safety of patients and staff.</p>
<b>Opportunities for Indigenous Health</b>	<p>Aboriginal and Torres Strait islander peoples 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

<p><b>Term Learning Objectives</b>          List the term-specific learning objectives*</p>	<p>By the end of the term the JMO should aim to have:</p> <ul style="list-style-type: none"> <li>• Refined history and mental state exam techniques.</li> <li>• Developed an understanding of the management of common psychiatric disorders that result in hospitalisation (schizophrenia, bipolar disorder, depression).</li> <li>• Developed an approach to assessing and managing patients who require comprehensive rehabilitation or who might pose a threat to themselves or others.</li> <li>• Developed an understanding of the risks for cardiometabolic disorder in mental illness.</li> <li>• Become fluent in the presentation of psychiatric cases.</li> <li>• Become familiar with the main categories of psychological, social and occupational therapeutic interventions.</li> <li>• Become familiar with psychiatric rehabilitation interventions.</li> <li>• Develop a good understanding of commonly prescribed psychotropics, their indications, contraindications and side effects.</li> <li>• Become familiar with ACT Mental Health services.</li> <li>• Developed a working knowledge of the Mental Health Act 2015.</li> </ul>
<p><b>Detail education and research opportunities and resources specific to this training term 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 1400-1500. This is protected time for RMOs.</li> </ul>

	<ul style="list-style-type: none"> <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> <li>• If you have having difficulty accessing your protected teaching time, please inform Dr Chambers and Dr Glanville as soon as you notice the problem so we can support you. Please communicate with nursing staff at handover on the day of your teaching so they know not to disturb you during this time.</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>          Psychiatry case conference Wednesdays 4-5pm via Webex.</p>			
<b>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b>	<b>EPA 1</b> Clinical Assessment	<b>EPA 2</b> Recognition and care of the acutely unwell patient	<b>EPA 3</b> Prescribing	<b>EPA 4</b> Team communication – documentation, handover and referrals

## 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 is 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
<p>0900 Clinical Handover</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p>	<p>0900 Clinical handover</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>1430 – 1600 Mandatory Intern Teaching</p>	<p>0900 Clinical handover</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>1230 Grand Rounds at TCH</p>	<p>0900 Clinical handover</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>1300 – 1400 Mandatory RMO Teaching</p>	<p>0900 Clinical handover</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>1330 – 1500 MDT Meeting</p>		



<b>Patient Load</b> Average Per Shift	Patient load for the unit is 20 patients with the support of the registrar. The average number of patients per day is 5	
<b>Overtime</b>	Rostered overtime hours/week	0
	Unrostered overtime hours/week	0
<p><b>After hours roster</b></p> <p>Does this term include participation in hospital-wide afterhours roster? If so advise:</p> <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> <p>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.</p>	<p>AMHRU is covered by the rostered medical officers for University of Canberra Hospital. There is usually an RMO and an SRMO or registrar for evenings and weekends for the entire hospital. There is a handover at 4pm every afternoon at the meeting room on Namadgi should there be information you need to handover.</p> <p>Nights are covered by an SRMO or registrar.</p>	

**List Other Relevant Documentation**

Intern job description  
RMO job description  
JMO Handbook